| ARIES Data | Element | ts | | | | A= | П | 137 | | | | | Τ | | Т | П | | | T | |
|----------------------------|-----------|--|----------------------------|--|--------------------------------------|-------------------|------|--|--|---------------------------------------|--|------------------|--------------|----------|---------|-----------|------------|----------|--------------------|--|
| | | | | | | | ٦ | | | | | Т | Т | | | | | | Т | |
| Revised: Ma | ay 25, 20 | 04 | , | | , | D= | | 186 | 897 | | | _ | \perp | Co | mplia | nce F | Report | ts | \perp | |
| # E ARIES | Function | Data Element | Database Table Name | Database Column Name | | Add/Delete/Change | Chan | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht | CADR | EIP | CMP | CARE/HIPP | CARESVCRPT | Æ | In Compliance Rpts | Comments |
| 299 Schedul 300 Schedul | | Client First Name Client Last Name | Appointment Appointment | firstName lastName | Screens, Reports Screens, Reports | | | Text Text | Appointment Appointment | 5 | Appointment Appointment | Y | + | - | + | \vdash | + | - | 1 0 | |
| 301 Schedul | | Felephone Number | Appointment | phone | Screens, Reports | | | | Appointment | 5 | Appointment | Y | + | \vdash | + | \vdash | | H | 0 | j |
| | | | | | | | T | | | | | Ť | 1 | | | | \top | \vdash | | |
| | | Does the provider need to be | | | | | - | | | | | | | | | | | | | |
| 302 Schedul | | confidential when contacting you o confirm the appointment? | Appointment | lisConfidential | Screens, Reports | | - | * Yes/No | Appointment | 5 | Appointment | _ | | | | | | | 1. | , |
| 303 Schedul | | Client Date of Birth | Appointment | dateOfBirth | Screens, Reports | | + | | Appointment | 5 | Appointment | Y | + | \vdash | | | | | 0 | j |
| 304 Schedul | | s the individual monolingual? | Appointment | isMonolingual | Screens, Reports | | | * Yes/No | Appointment | 5 | Appointment | Y | | | | | | | 0 | , |
| 305 Schedul 307 Schedul | ling F | rield/Home Visit f yes, for how many children? | Appointment Appointment | isFieldHomeVisit numChildrenForChildCare | Screens, Reports Screens, Reports | | | * Yes/No Nn | Appointment Appointment | 5 | Appointment Appointment | Y | | \vdash | + | \vdash | + | | 10 | |
| 308 Schedul | ling F | Reason for the Appointment | Appointment | notes | Screens, Reports | | | | Appointment | | Appointment | Y | + | \vdash | + | \vdash | + | | 10 | |
| | | | | | | | | * Pending * Completed * Rescheduled * No Show * Waitlist | | | | | | | | | | | | |
| 309 Schedul | | Appointment Outcome | Appointment | outcome | Screens, Reports | | 4 | * Cancelled | Appointment | 5 | Appointment | Y | + | - | 4 | \vdash | \perp | - | 10 | 4 |
| 310 Schedul 311 Schedul | | Date of appointment Fime of appointment | Appointment Appointment | appointmentDate appointmentDate | Screens, Reports Screens, Reports | - | + | | Appointment Appointment | 5 | Appointment Appointment | Y | + | + | + | + | + | + | 10 | , |
| | | | | T., | | - | ۲ | | | | | + | + | \vdash | + | + | \top | + | Τ, | |
| 312 Schedul | ling E | stimated time required for appt. | Appointment | estimatedDurationMinutes | Screens, Reports | \perp | | Nn | Appointment | 5 | Appointment | Y | 1 | Ш | 1 | \sqcup | \perp | Ш. | 0 | Entered in minutes |
| 313 Schedul 314 Schedul | ling S | Staff who has the appointment Referred From | Appointment Appointment | staffID referredFrom | Screens, Reports Screens, Reports | | | * (staff list) Text | Appointment Appointment | 5 | Appointment Appointment | Y | | + | + | -+ | + | ++ | 10 | Default to the agency's user list |
| | F | Primary Language or Special | прропилон | 101111111111111111111111111111111111111 | Corcerio, reports | \vdash | | | , ppolitilion | | , фронцион | + | + | + | + | + | + | + | + | |
| 315 Schedul | ling N | Needs | Appointment | primaryLanguageOrSpecialNeeds | Screens, Reports | | | Text | Appointment | 5 | Appointment | Υ | | | 1 | | | | | Per IM 183 |
| 1 Enrollmo | | First Name Middle Initial | Client | firstName middleInitial | Screens, Reports Screens, Reports | | | Text Text | New Client New Client | 9 | | Y Y Y Y | | Y | Y | | | | | Added compliance reports Added compliance reports |
| 3 Enrollm | | ast Name | Client | lastName | Screens, Reports | | | Text | New Client | 9 | | | Y | | | YY | | | | Added compliance reports |
| | | | | | | | | | | | | | | П | | | | | | |
| 4 Enrollme | | Mother's Maiden Name | Client | mothersMaidenName13 | Screens, Reports | | | Text | New Client | 9 | Client Detail - Demo. | , , | | | | | . | | ۱. | Store only first and third letter name (use 9 if missing third letter); Added compliance reports |
| | | | | | | | | * Male * Female * Transgender MTF * Transgender FTM | | | | | | | | | | | | |
| 5 Enrollme | | Gender Date of Birth | Client | gender dateOfBirth | Screens, Reports | | ı | | New Client New Client | 9 | Client Detail - Demo. | Y Y | | | ′ Y | | | | | per IM 60, added Client refused to reportAdded compliance reports |
| | | | | | | | - 1 | | | | | | Т | | | | | | Т | |
| 29 Intake 30 Intake | | Residence Address - Since Date Residence Address - Street1 | ContactInfo Address | residenceAddressSince street1 | Screens, Reports Screens, Reports | | 4 | Mm/dd/yyyy Text | Client Contact Info Client Contact Info | 12 | Client Detail - Demo. Client Detail - Demo. | Y | + | H | + | \vdash | + | \vdash | | Modified compliance reports Modified compliance reports |
| 31 Intake | | | Address | street2 | Screens, Reports | - | | | Client Contact Info | | Client Detail - Demo. | Y | + | \vdash | \top | \vdash | \top | + | 10 | Modified compliance reports |
| 32 Intake | | Residence Address - City | Address | city | Screens, Reports | | | | Client Contact Info | 12 | Client Detail - Demo. | Y | | П | | | | | | Modified compliance reports |
| 33 Intake 34 Intake | | Residence Address - State Residence Address - ZIP Code | Address Address | state zip | Screens, Reports Screens, Reports | | | Text Nnnn | Client Contact Info | 12 12 | Client Detail - Demo. Client Detail - Demo. | Y | + | v | Y | VV | | - | | Modified compliance reports Modified compliance reports |
| | | | | | | | T | | | | | Τ. | † | m | Ť | <u> </u> | | \vdash | | Each Partner will load the Counties for their |
| 35 Intake | | Residence Address - County Residence Address - Geographic | Address | county | Screens, Reports | | 4 | * (county list) | Client Contact Info | 12 | Client Detail - Demo. | Y | + | Υ | Y | YY | | \perp | 4 | area; Modified compliance reports |
| 36 Intake | Ä | Residence Address - Geographic Area | Address | geographicArea | Screens | | - - | * (Geog Code List) | Client Contact Info | 12 | Client Detail - Demo. | | | | | | | | 1 0 | |
| 37 Intake | F | IPS | County | fips | | Α | | Text | Client Contact Info | | Client Detail - Demo. | | | | | | | | 0 | Column in County table for reporting in TX |
| 38 Intake | | Mailing Address - Street1 Mailing Address - Street2 | Address | street1 | Screens, Reports Screens, Reports | \vdash | | | Client Contact Info | 12 | | Y Y Y Y | | \vdash | + | \vdash | + | \vdash | 10 | |
| 40 Intake | | Mailing Address - Siteetz | Address | city | Screens, Reports | - | | | Client Contact Info | | | YY | | \vdash | - | | + | \vdash | 1 0 | , |
| 41 Intake | N | Mailing Address - State | Address | state | Screens, Reports | | | * (state list) | Client Contact Info | 12 | Client Detail - Demo. | ΥY | | | | | | | 0 | , |
| 42 Intake 43 Intake | N | Mailing Address - ZIP Code Mailing Address - County | Address Address | zip county | Screens, Reports Screens, Reports | | 4 | | Client Contact Info Client Contact Info | 12 12 | Client Detail - Demo. Client Detail - Demo. | Y | + | \vdash | + | \vdash | + | \vdash | 0 | |
| | N | Mailing Address - Geographic | | | coreeria, reports | + | + | | | - 14 | | + | $^{+}$ | \vdash | + | \vdash | + | + | Τ, | |
| 44 Intake | A | Area | Address | geographicArea | Screens | | 4 | * (Geog Code List) | Client Contact Info | 12 | Client Detail - Demo. | _ | \perp | | | | \perp | | 0 | |
| 45 Intake 46 Intake | | Previous Address - Since Date Previous Address - Street1 | ContactInfo Address | previousAddressSince street1 | Screens Screens | - | 4 | | Client Contact Info Client Contact Info | 12 12 | Client Detail - Demo. Client Detail - Demo. | + | + | \vdash | + | \vdash | + | ++ | 1 0 | |
| 46 Intake | | Previous Address - Street1 | Address | street2 | Screens | - | | | Client Contact Info | | Client Detail - Demo. | + | + | \vdash | + | + | + | + | 10 | , |
| 48 Intake | F | Previous Address - City | Address | city | Screens | | | Text | Client Contact Info | 12 | Client Detail - Demo. | | | | T | | | | 0 | |
| 49 Intake 50 Intake | | Previous Address - State Previous Address - ZIP Code | Address Address | state | Screens Screens | | | | Client Contact Info | | Client Detail - Demo. | + | + | \vdash | + | \vdash | + | ++ | 0 | |
| 51 Intake | | Previous Address - County | Address | zip county | Screens | - | _ | | Client Contact Info | | Client Detail - Demo. | + | + | \vdash | + | + | + | + | 10 | , |
| 52 Intake | F | Previous Address - Geographic Area | Address | | Screens | | ٦ | | Client Contact Info | 12 | Client Detail - Demo. | | | | | | | | Τ, | |
| 53 Intake | E | Emergency Contact - Name | ContactInfo | geographicArea emergencyContactName | Screens, Reports | - | + | | Client Contact Info | | Client Detail - Demo. | Y | + | \vdash | + | + | + | + | 10 | , |
| 54 Intake | E | mergency Contact - Street1 | Address | street1 | Screens | | T | Text | Client Contact Info | 12 | Client Detail - Demo. | | | | \top | | | | 0 | |
| 55 Intake 56 Intake | | mergency Contact - Street2 mergency Contact - City | Address Address | street2 | Screens Screens | | | | Client Contact Info Client Contact Info | 12 12 | Client Detail - Demo. Client Detail - Demo. | + | + | \vdash | + | \vdash | + | ++ | 10 | , |
| 56 Intake | | Emergency Contact - City | Address | state | Screens | | + | | Client Contact Info | 12 | Client Detail - Demo. | + | + | + | + | ++ | + | ++ | 10 | , |
| 58 Intake | E | Emergency Contact - ZIP Code Emergency Contact - Telephone | Address | zip emergencyContactPhone1, | Screens | | | | Client Contact Info | 12 | Client Detail - Demo. | | - | | | | | | C | |
| 59 Intake | | Number | ContactInfo | emergencyContactPhone2 | Screens, Reports | | | Nnn-nnn-nnnn | Client Contact Info | 12 | Client Detail - Demo. | Y | \perp | | 1 | | Ш | | 0 | 1-2 phones |
| 60 Intake | c | Emergency Contact - Be confidential? Emergency Contact - Leave | ContactInfo | emergencyContactConfidential | Screens | | 4 | * Yes/No | Client Contact Info | 12 | Client Detail - Demo. | 4 | 1 | Ц | | Щ | | Ш | 0 | |
| 61 Intake | N | Messages? | ContactInfo | emergencyContactMessagesOK | Screens | Ш | _ | * Yes/No | Client Contact Info | 12 | Client Detail - Demo. | \perp | \perp | Ш | \perp | Ш | \perp | Ш | 0 | 1 |
| 62 Intake | | May we contact you by mail? | ContactInfo | contactByMail | Screens | | | * Yes/No | Client Contact Info | 12 | Client Detail - Demo. | + | + | H | + | H | + | - | 0 | |
| 63 Intake | ٤ | Should mail be confidential? | ContactInfo | mailConfidential | Screens | $\perp \perp$ | | * Yes/No | Client Contact Info | 12 | Client Detail - Demo. | | _i | | | L | | | 1 0 | 1 |

| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | cialiged colored | | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht | RFP/NMS | CADR | HOPWA | CARE/HIPP | MCWP CARE SVC RPT | Programmatic WICY | Comments |
|--------|----------------|--|--------------------------|---|-----------------------------------|-------------------|------------------|--|--|---------------------------------------|--|------------------|----------|---------|--------------|-----------|----------------------|----------------------|---|
| | | | | | | | | * Home * Mobile | | | | | | | | | | | |
| | | | | | | | | * Fax * Message | | | | | | | | | | | |
| 64 | ntake | Telelphone number type Can we contact you by | ContactInfo | phoneType1, phoneType2 phone1AllowCalls, phone2AllowCalls, | Screens, Reports | - | | | Client Contact Info | 12 | Client Detail - Demo. | 44 | Υ | + | | Υ | \perp | - | 1 Phone records 1-2 |
| 66 | ntake | telephone? | ContactInfo | email1AllowContact | Screens | | | * Yes/No | Client Contact Info | 12 | Client Detail - Demo. | | | 4 | | \perp | | | 0 For each phone |
| 67 | ntake | Do we need to be confidential? | ContactInfo | phone1Confidential, phone1Confidential, email1Confidential | Screens | | | * Yes/No | Client Contact Info | 12 | Client Detail - Demo. | | | | | | | | 0 For each phone |
| | | | | phone1MessagesOK, | | | T | | | | | | | Г | | | | | |
| | ntake | Can we leave messages for you? | | phone2MessagesOK, email1MessagesOK | | | | | Client Contact Info | 12 | Client Detail - Demo. | | | \perp | | | | | 0 For each phone |
| 68A | ntake ntake | Phone Number Email Address | ContactInfo ContactInfo | phone1, phone2 email1 | Screens Screens, Reports | + | | | Client Contact Info Client Contact Info | | Client Detail - Demo. Client Detail - Demo. | + | V | + | \vdash | ++ | + | + | 0 For each phone 0 email 1; removed 2 |
| | ntake | Notes Field | Contactinfo | | Screens | - | | | Client Contact Info | | Client Detail - Demo. | | - | + | | ++ | | | 0 |
| 108 | ntake | Alias - AKA | Demographic | lalsoKnownAs | Screens, Reports | | | Text | Basic Demographics | 15 | Client Detail - Demo. | Y | | | | | | | 0 |
| | | | | | | | T. | *Yes *No | 3 | | | Ť | | | | | | | |
| 109 | ntake | Major Hispanic Ethnicity | Demographic | hispanicMajorEthnicity | Screens, Reports | С | | | Basic Demographics | 15 | Client Detail - Demo. | Υ | YY | Y | YY | Y | | | Modified compliance reports; changed list options |
| 110 | | Hispanic National Origin/Ethnicity | | | Screens, Reports | С | | Mexican/Mexican-American Cuban Puerto Rican Central American Spanish, Portuguese, Cape Verdean Other Caribbean Other Caribbean Other Hispanic or Latino Chicano/a Jamaican, Haitlan, Dominican Republic Juknown/Unreported | Basic Demographics | | Client Detail - Demo. | | YY | | | Y | | | Modified compliance reports; changed list 5 (options |
| 111 | | Major Race 1 | Demographic | | Screens, Reports | С | | | Basic Demographics | | Client Detail - Demo. | | | | YY | Y | ′ | | CADR has option for More than one Race; Modified compliance reports; changed list 6 options Added compliance reports; changed list |
| 112 | ntake | Major Race 2 | Demographic | raceMajor2 | Screens, Reports | | + | * (major race list) | Basic Demographics | 15 | Client Detail - Demo. | Υ | YY | ' Y | YY | Υ \ | / | | 6 options Added compliance reports; changed list |
| 113 | ntake | Major Race 3 | Demographic | raceMajor3 | Screens, Reports | | - | * (major race list) | Basic Demographics | 15 | Client Detail - Demo. | Υ | Υ | _ | Y | | / | | 2 options |
| 115 | ntake | Minor Race 1 | Demographic | raceMinor1 | Screens, Reports | C | | *White (including Caucasian, Middle Eastson, North African); *White (Middle East, SouthWest Asia); *Black or African American, *African American Black; *Caribbean, (Jamaican, Haitian, Dominican), not Puerto Rican or Cuban; *African Black; *All Other Black; *Asian; *East Asian; *Chinesey; *Japanese; *Korean; *Taiwanese; *South Asian; Bangladeshi; *Burmese; *East Indian; *Pakistani; *Southeast Asian; *Cambodian; *Filipino; *Himong; *Indonesian; *Lautian; *Malaysian; *Singaporean; *Thai; *Verbramese; *Other Asian/Pacific Islander; *American Indian, Aleutian, Native Alaskan or Estation; *Alaskan Native; *Aleut; *Eskimo; *American Indian, Native American; *Pacific Islander; *Fijian; *Gamannian; *Native Hawaiian; *Samoan; *Other Pacific Islander; *Other; *Samoan; *Other Pacific Islander; *Other; *Venkown/Unreported | Basic Demographics | 15 | Client Detail - Demo. | | Y Y | , Y | Y | Y | | | Added compliance reports; changed list options; removed new lines to make option all viewable, otherwise Max Height reached for 5 row. |
| | | | | | | - J | T | | | | | | | Ė | Ħ. | Ė | | | Added compliance reports; changed list |
| 116 | | Minor Race 2 | Demographic | | Screens, Reports | C | П | | Basic Demographics | | Client Detail - Demo. | + | YY | Y | Y | Y | r | + | 5 options; reference to Minor Race 1 Added compliance reports; changed list |
| 117 | | Minor Race 3 Primary Language Spoken | Demographic Demographic | | Screens, Reports Screens, Reports | c | | * English * Spanish * Tagalog * Mandarin * Cantonese | Basic Demographics Basic Demographics | | Client Detail - Demo. Client Detail - Demo. | | YY | Y | Y | Y | (| | 5 options; reference to Minor Race 1 0 Added languages |
| | | | | 1 | | + | 1 | | | | | + | | + | † | + | + | + | on cood languages |
| 121 | ntake | Secondary Language Spoken | Demographic | languageSecondary | Screens | + | 1 | * (language list) | Basic Demographics | 15 | Client Detail - Demo. | + | \vdash | +- | \vdash | + | + | - | 0 |
| 123 | | Social Security Number Marital Status | Demographic Demographic | SSN | Screens, Reports Screens, Reports | | | * Single * Married * Demostic partnership * Separated * Divorced | Basic Demographics Basic Demographics | | Client Detail - Demo. Client Detail - Demo. | Y | Y | | | Y | (| | 2 Modified compliance reports 0 Add Separated |

| | | | | | | age 4 | T | | | | | | | | | | | | bts | |
|--------|----------------|---|------------------------|---|-------------------|-------------------|----|---|---|---------------------------------------|--------------------------|------------------|-----------------|-----|----------|-----------|----------------------|--------------|-------------------------|--|
| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | | Answer Options | Screen Collected | Screen Collected Page Number | d Screen Displayed | 05/27/03 SprdSht | RFP/NMS CADR | EIP | HOPWA | CARE/HIPP | MCWP CARE SVC RPT | Programmatic | WICY In Compliance R | Comments |
| | | | | | | | - | Heterosexual Homosexual | | | | | | | | | | | | |
| | | | | | | | | Lesbian Bisexual | | | | | 1 | | | | | | | |
| | | | | | | | | Declines to State Unsure | | | | | | | | | | | | |
| 125 | Intake | Sexual Orientation | Demographic | sexualOrientation | Screens, Reports | | | * Pediatric/Not Applicable * Unknown | Basic Demographics | 15 | Client Detail - Demo. | Υ | Y | | | | İ | | 1 | |
| | | | | | | | | No high school Some high school | | | | | T | Γ | | П | | | | |
| | | | | | | | : | High school diploma/GED Some college education | | | | | | | | | | | | |
| | | | | | | | | * College degree * Some graduate education | | | | | | | | | | | | |
| 126 | Intake | Level of Education | Demographic | educationLevel | Screens, Reports | | | Graduate degree | Basic Demographics | 15 | Client Detail - Demo. | Υ | | | | | | | o Ci | nanged options |
| 127 | Intake | Veteran | Demographic | veteran | Screens, Reports | | | Yes/No/Unknown | Basic Demographics | 15 | Client Detail - Demo. | Υ | | | | | | | 0 Re | eordered list options |
| | | | | | | | | Hearing Vision | | | | | | | | | | | | |
| | | | | | | | | * Wheelchair * Mobility | | | | | | | | | | | | |
| 128 | Intake | Special Needs | Demographic | specialNeeds | Screens | | : | More than one Unknown | Basic Demographics | 15 | Client Detail - Demo. | | | | | | | | 0 | |
| 129 | Intake | Special Needs - Notes | Demographic | notes | Screens | | 7 | Text | Basic Demographics | 15 | Client Detail - Demo. | | | | | П | | | 0 | |
| | | | | | | | | Homeless from the streets Homeless from emergency shelter | | | | | | | | | | | | |
| | | | | | | | | * Transitional housing * Psychiatric facility | | | | | | | | | | | | |
| | | | | | | | * | Substance abuse treatment facility Hospital or other medical facility | | | | | | | | | | | | |
| | | | | | | | - | Jail/Prison Domestic violence situation | | | | | | | | | | | | |
| | | | | | | | | Living with relatives/friends Rental housing | | | | | | | | | | | Pe | er IM 117, need ability to group options into |
| | | | | | | | - | Participant-owned housing Board care or assisted living | | | | | | | | | | | PF | Permanently housed |
| | | | | | | | - | Rented room Refused to answer | | | | | | | | | | | -1 | nstitution Other |
| 04 | Intake | Current Living Situation | LivingSituation | livingSituation | Screens, Reports | | 1 | Other Unknown | Living Situation | 17 | Client Detail - Demo. | | Y | | YY | | | | 1 1 | Unknown/unreported; nanged list options |
| | Intake | If rent or own, do you have a signed lease/title/tax receipt? | LivingSituation | hasLeaseTitleTaxReceipt | Screens, Reports | Ĭ | Т | Yes/No/Unknown | Living Situation | 17 | Client Detail - Demo. | v | Ť | T | | П | | Ħ | | dded Unknown |
| | Intake | Current Living Situation As of Date | LivingSituation | livingSituationAsOfDate | Screens, Reports | | Т | Mm/dd/yyyy | Living Situation | 17 | Client Detail - Demo. | Y | v v | T | YY | П | | П | 3 | add online |
| 30 | intake | Date | LivingOlldation | prevHomelessStreets prevHomelessShelter | Octobris, Reports | \top | ľ | viii uu yyyy | Living Oldation | | Olient Detail - Demo. | Ė | Ť | T | <u> </u> | | | П | 11 | |
| | | | | prevTransitionalHousing prevPsychiatricFacility | | | l | | | | | | | | | | | | | |
| | | | | prevSubstanceAbuseFacility prevMedicalFacility | | | | | | | | | | | | | | | | |
| | | | | prevPrison prevDomesticViolence | | | ł | | | | | | | | | | | | | |
| | | | | prevDomesticviolence prevWithRelativesFriends prevRentalHousing | | | | | | | | | | | | | | | | |
| | | | | prevParticipantOwned | | | l | | | | | | | | | | | | | |
| | | | | prevBoardCare prevRentedRoom | | | | | | | | | | | | | | | | |
| _ | | | | prevRefusedToAnswer prevOther | | | | | | | | | | | | | | | Liv | ulti select; removed last three items from ving situation list; added back last three |
| 98 | Intake | Living Situation in past 12 month | sLivingSituation | prevUnknown | Screens, Reports | + | 1. | (Current Living Situation List) | Living Situation | 17 | Client Detail - Demo. | Y | YY | ╁ | Y | $^{+1}$ | | H | 2 ite | ms, so list is now same was Current LS |
| | | | | | | | | HUD Shelter & Care Section 8/Housing Choice Vouchers | | | | | | | | | | | | |
| | | | | | | | | HUD Tenant-based project | | | | | | | | | | | | |
| | Intake | Housing Assistance | LivingSituation | housingAssistance | Screens | | | Short Term Emergency Other | Living Situation | 17 | Client Detail - Demo. | | 1 | L | | Ш | | | 0 Ac | ided Other |
| | Intake | HUD Application Date Related/Affected Individual First | LivingSituation | hudApplicationDate | Screens | + | Т | Mm/dd/yyyy | Living Situation Related or Affected | | Client Detail - Demo. | + | + | + | \vdash | + | | + | ow | as Application Date HUD |
| | Intake | Name Related/Affected Individual | Client | firstName | Screens, Reports | + | Т | Text | Individual Related or Affected | 18 | Client Detail - Demo. | + | Y | + | \vdash | + | | + | 0 | |
| | Intake | Middle Initial Related/Affected Individual Last | Client | middleInitial | Screens, Reports | + | T | | Individual Related or Affected | 18 | Client Detail - Demo. | + | Y | + | | + | - | H | 1 | |
| | Intake | Name Related/Affected Individual Date | Client | lastName | Screens, Reports | + | Т | Text | Individual Related or Affected | 18 | Client Detail - Demo. | + | Y | ╁ | H | + | + | \vdash | 0 | |
| | Intake | of Birth Related/Affected Individual | Client | dateOfBirth | Screens, Reports | + | Т | Mm/dd/yyyy | Individual Related or Affected | 18 | Client Detail - Demo. | Y | Y | 1- | Υ | + | + | + | 2 | |
| 75 | Intake | Gender | Client | gender | Screens, Reports | + | * | (gender list) Parent | Individual | 18 | Client Detail - Demo. | Υ | Y | + | Υ | + | + | + | 2 | |
| | | | | | | | : | Partner Spouse | | | | | | | | | | | | |
| | | | | | | | 1. | Sibling Son | | | | | | | | | | | | |
| | | Related/Affected Individual | | | | | * | Daughter Roommate | Related or Affected | | | | | | | | | | | |
| 76 | Intake | Relationship to Client Related/Affected Individual | Client_RelatedAffected | relationshipToClient | Screens, Reports | + | | Other | Individual | 18 | Client Detail - Demo. | Υ | Y | + | Υ | + | \perp | \vdash | 1 | |
| 77 | Intake | Relationship to Client - Other Detail | Client_RelatedAffected | relationshipToClient | Screens, Reports | | | Text | Related or Affected Individual | 18 | Client Detail - Demo. | , | | | Y | | | | | |
| | | | | 1 | | | ٠, | | | | Janear Botton Borilo. | | | | | | | | 1 1 | |

| Item # | ARIES Function | Related/Affected Individual | Database Table Name | Database Column Name | | Add/Delete/Change Changed 03/01/04 | Т | Answer Options | Screen Collected Related or Affected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht | CADR | EIP | СМР | CARE/HIPP | CARE SVC RPT | WICY | Comments |
|--------|--------------------------|--|-------------------------------------|---|-----------------------------------|---------------------------------------|--------------|---|--|---------------------------------------|---|------------------|---------|--------------|----------|-----------|--------------|-----------|---|
| 78 | Intake | Ethnicity/Hispanic Related/Affected Individual Race | Demographic | hispanicMajorEthnicity | Screens, Reports | + | + | (major ethnicity list) | Individual Related or Affected | 18 | Client Detail - Demo. | Υ | Υ | Y | + | + | - | \vdash | More than one race for CADR; removed |
| 79 | Intake | 1 | Demographic | raceMajor1 | Screens, Reports | | | (major race list) | Individual | 18 | Client Detail - Demo. | Υ | Υ | Y | | | | | 2 MTOR with Race2 |
| 8 | Intake | Related/Affected Individual Recent Living Situation | LivingSituation | livingSituation | Screens, Reports | | | (living situation list) | Related or Affected Individual | 18 | Client Detail - Demo. | | Y | | | | | | 2 |
| | | | | | | | Т | | Related or Affected | | | | Т | | П | | | П | |
| | Intake | Related/Affected Individual Stree | Address | street1 | Screens | - | ť | Text | Individual Related or Affected | 18 | Client Detail - Demo. | +++ | + | - | + | + | - | \forall | |
| 85 | Intake | Related/Affected Individual City | Address | city | Screens | + | 1 | Геxt | Individual Related or Affected | 18 | Client Detail - Demo. | ++ | + | - | + | + | 1-1- | + | 0 |
| 86 | Intake | Related/Affected Individual State | Address | state | Screens | | | (state list) | Individual | 18 | Client Detail - Demo. | | | | | | | | 0 |
| 87 | Intake | Related/Affected Individual ZIP Code | Address | zip | Screens | | N | Vnnnn | Related or Affected Individual | 18 | Client Detail - Demo. | | | | | | | Н | 0 |
| 0.0 | Intake | Related/Affected Individual | Address | | S | | 1. | (county Est) | Related or Affected | 40 | Client Detail - Demo. | | | | | | | | |
| | | County Related/Affected Individual | Address | county | Screens | + | Т | (county list) | Individual Related or Affected | | | ++ | + | | \Box | + | | Н | 0 |
| 90 | Intake | Phone Related/Affected Individual Living | ContactInfo | phone | Screens, Reports | c | IN | Nnn-nnn-nnnn | Individual Related or Affected | 18 | Client Detail - Demo. | - Y | + | \vdash | $^{++}$ | + | \vdash | \forall | 0 |
| 93 | Intake | with Client | Client_RelatedAffected | isLivingWithClient | Screens | | | Yes/No | Individual | 18 | Client Detail - Demo. | | Ш | | Ш | \perp | | Ш | 0 |
| 74B | Intake | Related/Affected Individual Mother's Maiden Name | Client | mothersMaidenName13 | Screens, Reports | | - | Геxt | Related or Affected Individual | 18 | Client Detail - Demo. | | | | | | | П | o |
| | | Related/Affected Individual Relationship to Client - | | 1.7. | | \top | Ť | | Related or Affected | | | \Box | П | | \sqcap | | П | \sqcap | |
| 77B | Intake | Enrollment Date | Client_RelatedAffected | enrollmentDate | Screens, Reports A | | N | /Im/dd/yyyy | Individual | 18 | Client Detail - Demo. | Ш | Υ | | Ш | \perp | Ш | Ш | 1 |
| | | Related/Affected Individual Relationship to Client - | | | | | Τ | | Related or Affected | | | | | | | | | П | |
| 77C | Intake | Enrollment Status | Client_RelatedAffected | enrollmentStatus | Screens, Reports A | | | (client status list) | Individual | 18 | Client Detail - Demo. | | Υ | | Ш | \perp | | Ш | 1 |
| | | Related/Affected Individual Relationship to Client - Date of | | | | | | | Related or Affected | | | 1 1 | | | | | | | |
| 77D | Intake | Death | Client | dateOfDeath | Screens, Reports A | | N | /lm/dd/yyyy | Individual | 18 | Client Detail - Demo. | 1 | Υ | | | _ | Ш. | Ш | 1 |
| 77E | Intake | Related/Affected Individual Status as of date | Client_RelatedAffected | enrollmentStatusAsOf | Screens, Reports | \ c | N | Vlm/dd/yyyy | Related or Affected Individual | 18 | | | Y | | | | | | 1 |
| 70P | Intake | Related/Affected Individual Race | Demographic | raceMajor2 | Screens, Reports A | | Т | (major race list) | Related or Affected Individual | 18 | Client Detail - Demo. | V | V | Y | П | Т | | П | More than one race for CADR; removed 2 MTOR with Race2 |
| 795 | make | 2 | Demographic | Tacewajor2 | Screens, Reports | `- | 1. | Private insurance Medicaid | individual | 10 | Client Detail - Demo. | - | + | | + | + | + | \Box | ZIMTOR With Racez |
| | Intake | Related/Affected Individual Medical Insurance Related/Affected Individual Annual Household income | Insurance Financial | source householdincome | Screens, Reports A | С | | Medicare Other public insurance Other No insurance Unknown/Unreported | Related or Affected Individual Related or Affected Individual | | Client Detail - Demo. Client Detail - Demo. | | Y | | | | | | 1 |
| | | Related/Affected Individual | | | | - 1 | | | Related or Affected | | | 1 1 | | | 1 1 | ı | | 11 | |
| 93D | Intake | Number of People in Household Related/Affected Individual | Financial | peopleInHousehold | Screens, Reports A | - | IN | Nnn | Individual Related or Affected | 18 | Client Detail - Demo. | +++ | Y | - | + | + | \vdash | + | 1 |
| 93E | Intake Intake | Federal Poverty Level HOPWA Enrollment Date | Financial HOPWA | householdPovertyLevel enrollmentDate | Screens, Reports A | | ١. | 8 m / d d / | Individual HOPWA Edit | 18 20 | Client Detail - Demo. Client Detail - Demo. | - | Υ | Y | | \perp | 1 | Н | 1 |
| | Intake | Monthly Adj Gross Income | HOPWA | monthlyAdjustedGrossIncome | Screens, Reports Screens, Reports | ` | \$ | Mm/dd/yyyy SNnnnn.nn | HOPWA Edit | 20 | Client Detail - Demo. | + | + | Y | | + | | + | 1 |
| 103 | Intake | Median Area Income | HOPWA | medianAreaIncome | Screens, Reports | | | Nnnnn.nn SRO | HOPWA Edit | 20 | Client Detail - Demo. | 1 | + | Y | Н | Ŧ | H | Н | 1 |
| 104 | Intake | Number of Bedrooms | норwа | numBedrooms | Screens, Reports | | | 0 1 2 3 4 5+ | HOPWA Edit | 20 | Client Detail - Demo. | | | Y | | | | | 1 |
| | | | | | | | re * p | Non-payment of rent Non-compliance with supportive service equirements Unknown/disappeared Criminal activity/destruction of roperty/violence Death Beath Beath Beath Bourbe or no subsidy Other – (new text [SPECIFY] data | | | | | | | | | | | |
| 105 | Intake | Reason for leaving Program Reason for leaving Program - | HOPWA | reasonForLeavingProgram | Screens, Reports | + | + | Still in program | HOPWA Edit | 20 | Client Detail - Demo. | ++ | + | Y | + | + | + | + | 1 |
| 106 | Intake | Other | HOPWA | reasonForLeavingProgram | Screens, Reports | _ | | Fext Individual | HOPWA Edit | 20 | Client Detail - Demo. | ++ | + | Y | + | + | \vdash | \dashv | 1 |
| 107 | Intake | HOPWA Application Type | HOPWA | individualApplication | Screens A | _ | 1. | Family | HOPWA Edit | 20 | Client Detail - Demo. | 11 | \perp | \sqcup | \sqcup | \perp | 1 | \sqcup | 0 |
| | Enrollment | Client agrees to share data | Client | isShared | Screens | | | Yes No | Agency Specifics | 22 | Client Detail - Demo. | | | | | \perp | Ш | \sqcup | 0 |
| 9 | Enrollment Enrollment | Agency Status of client Client Status As Of Date | AgencySpecifics AgencySpecifics | status status AsOfDate | Screens, Reports | С | | Active Inactive Disentrolled Lost to Follow-Up Discharged Reported Deceased Confirmed Deceased Unknown/Unreported Mrridd/yyyy | Agency Specifics Agency Specifics | | Client Detail - Demo. | YY | ' Y | | | | | | The Client Status will default to Active when the client is entered into the system. The Client Status will be the status for the client at each provider agency. This field is called Client Vita Status in some locations; added Unknown 1 option |
| 10 | Enrollment | Client Status Reason | AgencySpecifics | reasonForStatusChange | Screens, Reports | \neg | Ť | Fext | Agency Specifics | 22 | Client Detail - Demo. | Y | Y | | + | 1 | + | \top | 1 |

| # E AR | IES Functio | or Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | citatiged coloring | Answer Options | Screen Collected | Screen Collecte Page Number | d Screen Displayed | 05/27/03 SprdSht RFP/NMS | CADR | HOPWA | CARE/HIPP | MCWP CARE SVC RPT | Programmatic WICY | In Compliance Rpts | Comments |
|----------------------|-------------|--|---------------------------------|---------------------------------------|--------------------------------------|-------------------|--------------------|--|-----------------------------------|--------------------------------------|--|-----------------------------|----------|----------------|----------------|----------------------|----------------------|--------------------|---|
| | | | | | | | ŀ | Hospital Nursing Facility | | | | | П | 1 1 | | | | | |
| 11 Enr | ollment | Client Status Deceased -Place of Death | f Demographic | placeOfDeath | Screens, Reports | c | | Residence hospice/RCF-CI Other | Basic Demographics | 15 | Client Detail - Demo. | Y | П | Y | . | Y | | 2 | Added compliance reports |
| 12 Enr | | Client Status Deceased -Place or Death Other Detail | f | placeOfDeath | Screens, Reports | | T | ext ext | Basic Demographics | 15 | Client Detail - Demo. | | П | | | | | | Added compliance reports |
| | | Client Status Deceased -Date of | | | | | Т | | | | | <u> </u> | Ħ | | | | H | | Per IM 99 |
| 13 Enr | ollment | Death | Client | dateOfDeath | Screens, Reports | С | - ′ | /lm/dd/yyyy | Basic Demographics | 15 | Client Detail - Demo. | Y | H | Y | + | Υ | | | Added compliance reports |
| 15 Enr | ollment | Agency Client IDs | AgencySpecifics | agencyClientID1, agencyClientID2 | Screens, Reports | | | ext | Agency Specifics | 22 | Client Detail - Demo. | Y | | Y | , | | | | Client ID's assigned by agency, Each provider will have the ability to enter a second, unique ID number, specific to their agency, into each client record. Providers will be able to search for a client record using this ID number; Addec compliance reports |
| | | | | | | | - | | | | | | П | | | | | | This field will default to a blank. It will be up to |
| 16 Enr | ollment | Agency Enrollment Date | AgencySpecifics | enrollmentDate | Screens, Reports | | | /lm/dd/yyyy MD | Agency Specifics | 22 | Client Detail - Demo. | Y | Н | ++ | | | | | the user to enter the date of the registration |
| | | | | | | | | Case Manager RN Self | | | | | | | | | | | |
| 17 Enr | ollment | Referral Source Referral Source Other | AgencySpecifics AgencySpecifics | referralSource referralSource | Screens, Reports Screens, Reports | | | Other | Agency Specifics Agency Specifics | 22 22 | Client Detail - Demo. Client Detail - Demo. | Y | l Y | | | | | 1 | |
| 19 Enr | ollment | Referral Source Date | AgencySpecifics | referralDate | Screens | | 1 | /lm/dd/yyyy | Agency Specifics | 22 | Client Detail - Demo. | Υ | | | 士 | | | 1 | |
| 20 Enr | ollment | Client Alert Description | AgencySpecifics | alert | Screens | | | ext Proof of Residency HIV Letter of Diagnosis Proof of Income Release of Information ARIES Consent Form Agency Consent Form Picture ID ADAP | Agency Specifics | 22 | Client Detail - Demo. | | | | | | | | Each Partner will be able to customize this list in the event additional Eliability Documents |
| 21 Enr | ollment | Eligibility Document Type | EligibilityDocument | documentType | Screens, Reports | | | HOPWA Yes | Eligibility Doc | 24 | Client Detail - Eligibility | Y | Н | | Y | | | | are required for services. |
| 22 Enr | ollment | Eligibility Document Pending | EligibilityDocument | isPending | Screens, Reports | | | Yes No | Eligibility Doc | 24 | Client Detail - Eligibility | | Ш | | Υ | | | 1 | |
| 23 Enr | ollment | Eligibility Document Date Eligibility Document Obtained | EligibilityDocument | documentDate | Screens, Reports | | , | /lm/dd/yyyy | Eligibility Doc | 24 | Client Detail - Eligibility | | Н | | Y | | | 1 | Each document entered will have a date it was signed |
| 24 Enr | ollment | Date Date | EligibilityDocument | obtainDate | Screens, Reports | | 1 | /lm/dd/yyyy | Eligibility Doc | 24 | Client Detail - Eligibility | | Н | | Y | | | 1 | |
| 25 Enr | | Eligibility Document Expires Date | | expireDate | Screens, Reports | | 1 | /lm/dd/yyyy | Eligibility Doc | 24 | Client Detail - Eligibility | | | | | | | 0 | |
| 26 Enr | ollment | Eligibility Document Source | EligibilityDocument | source | Screens, Reports | | + | ext | Eligibility Doc | 24 | Client Detail - Eligibility | | Н | ++ | Y | | | 1 | This will default to the provider agency for the |
| 27 Enr | | Eligibility Document Location | EligibilityDocument | locationAgencyID | Screens, Reports | | | (Agency List) | Eligibility Doc | 24 | Client Detail - Eligibility | | Н | | Y | | | 1 | user. |
| 28 Enr | | Eligibility Document Notes Source of Income- Employment/Wages Source of Income - Monthly or | EligibilityDocument Financial | notes employmentSalaryWages | Screens, Reports Screens, Reports | С | | ext Innnnn.nn | Eligibility Doc | 24 | Client Detail - Eligibility Client Detail - Financial | YY | | | Y | | | | The user will be able to select multiple sources of income. Selecting Other will require it to be specified. Display Total of all income; modified compliance reports; broke list option into individual rows |
| 132 Inta | ke | Annual | Financial | isClientIncomeMonthly | Screens, Reports | | | | Financial | 26 | Client Detail - Financial | YY | | | Y | | | 1 | |
| 133 Inta | ke | Employment Status | Financial | employmentStatus | Screens, Reports | | | Full-time Part-time Not employed Other - student, volunteer, etc. Unknown | Financial | 26 | Client Detail - Financial | YY | | | | | | 0 | |
| 134 Inta | | Client is on public assistance? | | publicAssistance | Screens | | | Yes/No/Unknown | Financial | 26 | Client Detail - Financial | | П | | \perp | | | 0 | Field may be required in reports |
| 135 Inta | ke | Client has no source of income | Financial | hasNoSourceOfIncome | Screens | | | Yes/No | Financial | 26 | Client Detail - Financial | | Ш | | | | | 0 | Field may be required in reports |
| 136 Inta | ke | Household Income Amount Household Income - Monthly or | Financial | householdIncome | Screens, Reports | | - 1 | Nnnn.nn | Financial | 26 | Client Detail - Financial | YY | + | ++ | ++ | | ++ | 10 | Modified compliance reports |
| 137 Inta | ke | Annual | Financial | isHouseholdIncomeMonthly | Screens, Reports | | 4 | | Financial | 26 | Client Detail - Financial | YY | Υ | Y | +- | \vdash | 1 | 2 | |
| 138 Inta | ke | Number of People in Household | Financial | peopleInHousehold | Screens, Reports | | ŀ | In | Financial | 26 | Client Detail - Financial | YY | Υ | Y | | | | 2 | |
| 139 Inta | | Household Income - Percent Federal Poverty Level Family Income Amount | Financial Financial | householdPovertyLevel familyIncome | Screens, Reports Screens, Reports | С | | Nnnn.on | Financial Financial | 26 26 | Client Detail - Financial Client Detail - Financial | Y | Y | Y | | | | | Use Household Income Amount with # of people in Household to calculate Federal Poverty Level. In issue 458 CA requires 'ARIES must access Federal Poverty Level Web Site to complete the calculation'. This voids our performance guarantee on all screens and reports using this variable. |
| | | Family Income - Monthly or | | | | - | + | ewonal.IIII | | | | ++ | \vdash | 1 | + | \vdash | + | +1 | |
| 141 Inta 142 Inta | | Annual Number of People in Family | Financial Financial | isFamilyIncomeMonthly peopleInFamily | Screens, Reports Screens, Reports | \vdash | ١, | | Financial Financial | 26 26 | Client Detail - Financial Client Detail - Financial | Y | \vdash | Y | ++ | \vdash | \vdash | 1 | |
| 143 Inta | | Family Income - Percent Federal | | familyPovertyLevel | Screens, Reports | | | | Financial | 26 | Client Detail - Financial | | | | \ \ \ | | | | Use Family Income Amount with # of people ir Family to calculate Federal Poverty Level In issue 458 CA requires 'ARIES must access Federal Poverty Level Web Site to complete the calculation'. This voids our performance guarantee on all screens and reports using this variable. |
| 144 Inta | ke | Does Client own a house? | Financial | ownsHouse | Screens | | | Yes/No | Financial | 26 | Client Detail - Financial | | \Box | | 1 | | | 0 | Tanadoro. |
| 145 Inta | ke | Does Client own a car? | Financial | ownsCar | Screens | | 7 | Yes/No | Financial | 26 | Client Detail - Financial | + | H | \blacksquare | \blacksquare | \Box | H | 0 | |
| 146 Inta | ke | Does Client have other assets? | Financial | hasOtherAssets | Screens | | | Yes/No | Financial | 26 | Client Detail - Financial | | Ш | | | | | 0 | Modified compliance reports |

| | | | | | | 0 | <u> </u> | | | | | | П | | | 9 |
|--|---|---|---|---|--|-----------------|--|--|--|---|-----------------------|-----------|-----|---------------------------------------|---|---|
| | | | | | | d/Delete/Change | | | | | SprdSht | | | ام | SVC RPI | ance Rpt |
| * | | | | | Field | //Delet | | Screen | Screen Collected Page | Screen | 05/27/03 S RFP/NMS | N. | PWA | CARE/HIPP MCWP | ARE SVC RPI rogrammatic /ICY | Compliance |
| | ARIES Function | Data Element | Database Table Name | Database Column Name | Status | A S | | Collected | Number | Displayed | 05/: RFF | E S | : 일 | MC CA | A P S | ⊆ Comments |
| | | Other Assets Amount Source of Income - SSI | Financial Financial | otherAssets SSI | Screens Screens, Reports | A | \$Nnnnn.nn Nnnnn.nn | Financial Financial | | Client Detail - Financial Client Detail - Financial | | - | + | Y | | 0 Modified compliance reports 2 broke list option into individual rows |
| 130C | Intake | Source of Income - SSDI | Financial | SSDI | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | YY | Ý | | Y | | 2 broke list option into individual rows |
| 130D | Intake | Source of Income - SSR | Financial | SSA | Screens, Reports | A C | Nnnnn.nn | Financial | 26 | Client Detail - Financial | Ϋ́Υ | Y | | Y | | 2 broke list option into individual rows |
| 130E | Intake | Source of Income - General Assistance/Welfare | Financial | generalAssistance | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | YY | Y | 11 | Y | | 2 broke list option into individual rows |
| | | Source of Income - | | ľ | | | | | | | | | | | | |
| 130F | | Unemployment benefits Source of Income - State | Financial | unemploymentBenefits | Screens, Reports | Α | Nnnnn.nn | Financial | 26 | Client Detail - Financial | YY | - Y | - | Y | | 2 broke list option into individual rows |
| 130G | | Disability | Financial | stateDisability | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | YY | Y | 11 | Y | | 2 broke list option into individual rows |
| | | Source of Income - Long-term | | | | | | | | | | | | | | |
| 130H | | disability Source of Income - Worker's | Financial | longTermDisability | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | YY | HY | + | Y | + | 2 broke list option into individual rows |
| 1301 | Intake | Compensation | Financial | workersCompensation | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | YY | Y | | Y | | 2 broke list option into individual rows |
| 130J | | Source of Income - TANF Source of Income - Veteran's | Financial | TANF | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | ΥY | Y | | Y | | 2 broke list option into individual rows |
| 130K | | benefits | Financial | veteransBenefits | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | YY | Ιγ | | Y | | 2 broke list option into individual rows |
| 130L | | | Financial | alimony | Screens, Reports | A | Nnnnn.nn | Financial | | Client Detail - Financial | ΥY | Y | | Y | | 2 broke list option into individual rows |
| 130M | Intaka | Source of Income - Retirement | Financial | retirement | Screens, Reports | _ | Nnnnn.nn | Financial | 26 | Client Detail - Financial | v v | | | , | | 2 broke list option into individual rows |
| 130N | | Source of Income - Investment | | | Screens, Reports | A | Nnnnn.nn | Financial | | Client Detail - Financial | YY | Ϋ́ | | Y | | 2 broke list option into individual rows |
| 1300 | Intake | Source of Income - Gift | Financial | gift | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | ΥY | Υ | | Y | | 2 broke list option into individual rows |
| 130P | Intake | Source of Income - Food Stamps | Financial | foodStamps | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | YY | Y | | _Y | $\parallel \parallel \parallel \parallel$ | 2 broke list option into individual rows |
| 130Q | Intake | Source of Income - Other 1 | Financial | otherAmount1 | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | ΥY | Y | | Y | | 2 broke list option into individual rows |
| 130R | | | Financial | | Screens, Reports | | Nnnnn.nn | Financial | | Client Detail - Financial | | Y | - | Y | \perp | 2 broke list option into individual rows |
| 130\$ | | Source of Income - Other 3 Source of Income - Other 1 | Financial | otherAmount3 | Screens, Reports | A | Nnnnn.nn | Financial | 26 | Client Detail - Financial | YY | 1 | | Y | | 2 broke list option into individual rows |
| 130T | Intake | Detail | Financial | other1 | Screens, Reports | A | Text | Financial | 26 | Client Detail - Financial | ΥY | Y | | Y | | 2 broke list option into individual rows |
| 130U | Intaka | Source of Income - Other 2 Detail | Financial | other2 | Screens, Reports | | Text | Financial | 26 | Client Detail - Financial | v v | _ | | | | 2 broke list option into individual rows |
| 1300 | | Source of Income - Other 3 | i ilandiai | onerz | остесна, перона | ^- | TOAL | i illaliciai | | Olient Detail - I mancial | | H- | | | | 2 broke list option into individual rows |
| 130V | | Detail | Financial | other3 | Screens, Reports | A | Text | Financial | | | ΥY | Y | - | Y | | 2 broke list option into individual rows |
| 131B 139B | | Source of Income - Total # of Children in Household | Financial Financial | totalIncomeMonthly, totalIncomeAnnual childrenInHousehold | Screens, Reports Screens, Reports | | Nnnnnn.nn Nn | Financial Financial | | Client Detail - Financial Client Detail - Financial | YY | Y | + | Y | + | 2 Calculated |
| 139C | Intake | # of HIV+ People in Household | Financial | hivPositiveInHousehold | Screens, Reports | | Nn | Financial | 26 | Client Detail - Financial | | Ÿ | | | | 1 |
| | | Insurance Start Date | Insurance | startDate | Screens, Reports | | Mm/dd/yyyy | Health Insurance | | Client Detail - Eligibility | | Н- | + | Y | + | 1 |
| | | Insurance End Date Primary HIV Insurance | Insurance Insurance | lsPrimaryHIVCare | Screens, Reports Screens, Reports | A | Mm/dd/yyyy * Yes/No | Health Insurance Health Insurance | 28 | Client Detail - Eligibility Client Detail - Eligibility | Y | + | | Y | | 1 Changed to Y/N |
| 171B | Intake | Health Insurance Source | Insurance | source | Screens, Reports | A C | Public 2 Private 1 Private 1 Private 2 Private 3 Vision Dental Med-Cal/Medicaid Veteran Medicare Other public insurance Other Unknown No insurance Full Scope Shared Cost Managed Restricted Baby DentiCAL Medicare A County Sponsored CMSP CHAMPUS COBRA OBRA Cal-COBRA HIPIC Corression (Rx) Private Self-pay | Health Insurance | 28 | Client Detail - Eligibility | YY | YY | YN | Y Y Y | | Refactored worksheet to reflect screen 6 design; changed list options |
| 171C 171D 171E 171F 171G 171H 171I | Intake Intake Intake Intake Intake Intake | Health Insurance Type Health Insurance Pending Health Insurance Primary Health Insurance Carrier Health Insurance Policy # Health Insurance Monthly Premium Health Insurance Note Staff Names 1-4 | Insurance | isPending isPrimaryInsurance carrier policyNumber monthlyPremium note | Screens, Reports | A | Unknown No Insurance Yes/No Yes/No (jist of Health Insurance Carriers) Text Shnnn.nn Text (Agency Staff List) | Health Insurance Nealth Insurance Health Insurance Nealth Insurance | 28 28 28 28 28 28 28 | Client Detail - Eligibility Client Detail - Eligibility Client Detail - Eligibility Client Detail - Eligibility | ΥY | Y Y Y Y Y | ŤŤ. | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | 5 Refactored worksheet to reflect screen design 5 Refactored worksheet to reflect screen design 5 Refactored worksheet to reflect screen design 6 Refactored worksheet to reflect screen design 5 Refactored worksheet to reflect screen design 5 Refactored worksheet to reflect screen design 6 Refactored worksheet to reflect screen design |
| | | | | | | | | | | | H | + | + | +++ | +++ | 1 |
| 371 | Programs | Other Staff Name | Client_StaffOther | name | Screens | | * (Agency Staff List) | Staff Assignment | 30 | Client Detail - Programs | | | | | | 0 |

| ## ## ARIES Function 372 Programs | on Data Element Other Staff Title | Database Table Name Client StaffOther | Database Column Name | Field Status Screens | Add/Delete/Change | | Answer Options (Agency Staff List) | Screen Collected Staff Assignment | Screen Collected Page Number | Screen Displayed Client Detail - Programs | 05/27/03 SprdSht RFP/NMS | CADR | EIP | CMP | MCWP | CARE SVC RPT Programmatic | WICY In Compliance Buts | |
|-----------------------------------|--|---------------------------------------|---------------------------------------|--------------------------------------|-------------------|---|---|-----------------------------------|---------------------------------------|--|-----------------------------|-----------|------------|----------|-----------|---------------------------|----------------------------|---|
| 373 Programs | Other Staff Phone | Client StaffOther | phone | Screens | | - 1 | (Agency Staff List) | Staff Assignment | 30 | Client Detail - Programs | | T | | | | T | T | 0 |
| 374 Programs | Other Staff Agency | Client_StaffOther | | | | | | | | Client Detail - Programs | | | | | \top | | † | 0 |
| 361 Programs | Program Assigned | Program | programAssigned | Screens Screens, Reports | | | (Agency Staff List) CCMP EIP CARE/HIPP CARE Services MCWP HOPWA TMP | Staff Assignment New Program | | Client Detail - Programs Client Detail - Programs | Y | | ΥΥ | YY | Y | | | Each Partner will determine the list of Programs, clients will have 0 to many programs; reordered list; modified compliance 5/reports |
| 365 Programs | Program Enrollment Agency | Program | agencyID | Screens, Reports | | | (agency list) | New Program | 31 | Client Detail - Programs | Y | | Y | | Υ | | | 2 Modified compliance reports |
| 366 Programs | Program Client ID | Program | programClientID | Screens, Reports | | 1 | Text | New Program | 31 | Client Detail - Programs | Y | Υ | ΥY | YY | Y | | | 6 Modified compliance reports |
| 367 Programs | Auto-Generate Client ID | Program | autoGenerateID | Screens | | | | New Program | 31 | Client Detail - Programs | | | | | | | | 0 Was Auto-Generate Program Flag |
| 362 Programs 364 Programs | Program Enrollment Status Program Disenrollment Date | Program Program | enrollmentStatus disenrollmentDate | Screens, Reports Screens, Reports | | | Enroll Disenroll Medically Reactivated Transition Benefits Expired | Program Edit Program Edit | | Client Detail - Programs Client Detail - Programs | | | Y Y Y Y | | | | | 5 Modified compliance reports 5 Modified compliance reports |
| 368 Programs | Reason for Program Disenrollment Reason for Program | Program | disenrollmentReason | Screens, Reports | c | M L H C F E H E E - · · F G G - · · · L H C F E E M III | (list depends on program selected, e.g. MCWP;) Death; "Annual Client Cap Exceeded;" cost Med-Cal Eligibility; "Improved leath Status;" Institutionalized," Client Choice; "Left Service Area;" Lost to Collow-up; "Transfer to CMP, Cap Exceeded;" Transfer to CMP, Improved leath Status; "Managed Care Enrollment;" Other Reason | Program Edit | 32 | Client Detail - Programs | YY | | Y Y | YY | Y | | | This could also be a picklist where each Partner determines the answer options; documented EIP options; added options for CMP/MCWP, modified compliance reports; remove new line at end of each list item to make entire list viewable, otherwise max 5 height reached for Excel. |
| 369 Programs | Reason for Program Disenrollment - Other Detail | Program | disenrollmentReason | Screens, Reports | | | Гехt | Program Edit | 32 | Client Detail - Programs | YY | | ΥY | YY | Y | | | 5 Modified compliance reports |
| 482 EIP | Emotional Abuse (<17 year old) | | abuseEmotionalChildhood | Screens | | | Yes/No/Unknown | EIP Abuse | 34 | Client Detail - Programs | | | | | | | \prod | 0 |
| 483 EIP | Emotional Abuse (>17 year old) | | abuseEmotionalAdult | Screens | | | Yes/No/Unknown | EIP Abuse | 34 | Client Detail - Programs | | | | | | | \prod | 0 |
| 484 EIP | | EIPPsychosocial | abusePhysicalChildhood | Screens | LT | | Yes/No/Unknown | EIP Abuse | 34 | Client Detail - Programs | | | | LT | | | | 0 |
| 485 EIP | Physical Abuse (>17 year old) | EIPPsychosocial | abusePhysicalAdult | Screens | | | Yes/No/Unknown | EIP Abuse | 34 | Client Detail - Programs | | | | | | | | 0 |
| 486 EIP | Sexual Abuse (<17 year old) | EIPPsychosocial | abuseSexualChildhood | Screens | П | Т | Yes/No/Unknown | EIP Abuse | 34 | Client Detail - Programs | | | | | | | | 0 |
| 487 EIP | Sexual Abuse (>17 year old) | EIPPsychosocial | abuseSexualAdult | Screens | | | Yes/No/Unknown | EIP Abuse | 34 | Client Detail - Programs | | | | | | | | 0 |
| 488 EIP | Domestic Violence observed in childhood | EIPPsychosocial | abuseDomesticViolenceChildhood | Screens | | | Yes/No/Unknown | EIP Abuse | 34 | Client Detail - Programs | | П | | \sqcap | \top | | \dagger | |
| 489 EIP | Domestic Violence perpetrator a adult | S | | | \vdash | | | | | | | | | H | \dagger | \top | \dagger | <u></u> |
| | Legal Issues - Divorce, child | EIPPsychosocial | abuseDomesticViolenceAdult | Screens | \vdash | | Yes/No/Unknown | EIP Abuse | 34 | Client Detail - Programs | \vdash | \dagger | | | + | + | + | 0 |
| 490 EIP | support, or custody | EIPPsychosocial | legalDivorceChildCustodySupport | Screens | + | Т | Yes/No/Unknown | EIP Legal Issues | 35 | Client Detail - Programs | + | \dagger | \vdash | H | + | + | + | <u>u</u> |
| 491 EIP | Legal Issues - Immigration Statu Legal Issues - Social Security | | legalImmigration | Screens | \vdash | | Yes/No/Unknown | EIP Legal Issues | 35 | Client Detail - Programs | + | + | \vdash | \vdash | + | + | + | 0 |
| 492 EIP | Disability or SSI | EIPPsychosocial | legalSocialSecurity | Screens | | - | Yes/No/Unknown | EIP Legal Issues | 35 | Client Detail - Programs | Ш | | | Ш | | | | 이 |

| # E ARIES | S Function Data Element Legal Issues - Housing, | Database Table Name | Database Column Name | Field Piets Status | Changed 03/01/04 | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht RFP/NMS | CADR | HOPWA | CMP CAR F/HIPP | MCWP | CARE SVC RPT Programmatic | WICY In Compliance Rute | Comments |
|-----------|---|----------------------|------------------------------|--------------------|------------------|---|---------------------------------------|---------------------------------------|---------------------------|-----------------------------|--------------|-------|-------------------|---------|---------------------------|----------------------------|---|
| | employment or health care | | | | | | | | | | | | | | | | |
| 493 EIP | discrimination Legal Issues - Mental Health | EIPPsychosocial | legalDiscrimination | Screens | + | * Yes/No/Unknown | EIP Legal Issues | 35 | Client Detail - Programs | + | ++ | + | + | + | +- | + | 0 |
| 494 EIP | commitment | EIPPsychosocial | legalMentalHealth | Screens | ╄ | * Yes/No/Unknown | EIP Legal Issues | 35 | Client Detail - Programs | - | Н | - | - | \perp | - | + | 0 |
| 495 EIP | Legal Issues - DUI | EIPPsychosocial | legalDUI | Screens | ┺ | * Yes/No/Unknown | EIP Legal Issues | 35 | Client Detail - Programs | | Ш | | _ | | | _ | 0 |
| 496 EIP | Legal Issues - Other | EIPPsychosocial | legalOther | Screens | | Text | EIP Legal Issues | 35 | Client Detail - Programs | | | | | | | | o |
| 497 EIP | Client on parole or probation | EIPPsychosocial | legalParoleProbation | Screens | | * Yes/No/Unknown | EIP Legal Issues | 35 | Client Detail - Programs | | П | | | | | | 0 |
| | Combined time client has spent | | | | + | | | | | | Н | | + | \top | + | | |
| 498 EIP | in jail/prison | EIPPsychosocial | legalCombinedPrisonDays | Screens | + | Nnnn * Mild | EIP Legal Issues | 35 | Client Detail - Programs | ₩ | + | + | + | + | + | + | 0 |
| | | | | | | * Moderate * Severe | EIP Psych Social | | | | Ш | | | | | | |
| 499 EIP | Anxiety Symptoms | EIPPsychosocial | riskAnxiety | Screens | С | * Unknown | Factors Section 3 | 36 | Client Detail - Programs | | Ш | | _ | | | \perp | 0 |
| 500 EIP | Anxiety Symptoms - Affecting Risk | EIPPsychosocial | riskAnxietyAffectingRisk | Screens | c | * Affecting Risk * Not Affecting Risk | EIP Psych Social Factors Section 3 | 36 | Client Detail - Programs | Y | Ш | | | | | 1 | 0 |
| | | | | | Г | * Mild * Moderate | | | | | П | | T | П | T | \top | |
| 504 | | EIDD I | | | | * Severe | EIP Psych Social | e | 0 | | | | | | | | |
| 501 EIP | Depressive Symptoms Depressive Symptoms - Affectir | | riskDepressive | Screens | C | * Unknown * Affecting Risk | Factors Section 3 EIP Psych Social | 36 | Client Detail - Programs | + | \forall | + | + | + | +- | + | UJ |
| 502 EIP | Risk | EIPPsychosocial | riskDepressiveAffectingRisk | Screens | С | * Not Affecting Risk | Factors Section 3 | 36 | Client Detail - Programs | Υ | \mathbb{H} | + | + | + | + | + | 0 |
| | | | | | | * Moderate | | | | | | | | | | | |
| 503 EIP | Personality Symptoms | EIPPsychosocial | riskPersonality | Screens | c | * Severe * Unknown | EIP Psych Social Factors Section 3 | 36 | Client Detail - Programs | | | | | | | | o |
| 504 EIP | Personality Symptoms - Affectin Risk | elPPsychosocial | riskPersonalityAffectingRisk | Screens | С | * Affecting Risk * Not Affecting Risk | EIP Psych Social Factors Section 3 | 36 | Client Detail - Programs | _ | П | | | | | | 0 |
| 304 EII | IXOR | Lii i sychosociai | niski ersonantyAnecungrusk | Octobris | ۲ | * Mild | Tactors Section 5 | | Chefit Detail - 1 Tograms | ÷ | Ħ | | \top | \top | + | \top | |
| | | | | | | * Moderate * Severe | EIP Psych Social | | | | Ш | | | | | | |
| 505 EIP | Psychotic Symptoms Psychotic Symptoms - Affecting | EIPPsychosocial | riskPsychotic | Screens | С | * Unknown * Affecting Risk | Factors Section 3 EIP Psych Social | 36 | Client Detail - Programs | | Н | | - | + | - | - | 0 |
| 506 EIP | Risk Risk | EIPPsychosocial | riskPsychoticAffectingRisk | Screens | С | * Not Affecting Risk | Factors Section 3 | 36 | Client Detail - Programs | Υ | Ш | | | | | | 0 |
| | | | | | | * Mild * Moderate | | | | | | | | | | | |
| 507 EIP | Sustance Use | EIPPsychosocial | riskSubstance | Screens | | * Severe * Unknown | EIP Psych Social Factors Section 3 | 36 | Client Detail - Programs | | | | | | | | |
| | | | | | ٣ | * Affecting Risk | EIP Psych Social | | | | Н | | + | \top | + | \top | 0 |
| 508 EIP | Sustance Use - Affecting Risk | EIPPsychosocial | riskSubstanceAffectingRisk | Screens | +c | * Not Affecting Risk * Recreation user | Factors Section 3 | 36 | Client Detail - Programs | Y | H | + | + | + | +- | + | 0 |
| 509 EIP | Current drug/alcohol use | EIPPsychosocial | riskDrugUse | Screens | | * Heavy user * Dependent user | EIP Psych Social Factors Section 3 | 36 | Client Detail - Programs | | Ш | | | | | | 0 Combined into one combo box |
| | | | | | Ĭ. | | EIP Psych Social | | | | Ħ | | \top | \top | + | 1 | O COMBINED INTO ONE COMBO BOX |
| 510 EIP | Psychiatric History? | EIPPsychosocial | riskPsychiatricHistory | Screens | C | * Yes/No/Unknown | Factors Section 3 EIP Psych Social | 36 | Client Detail - Programs | ++ | Н | + | + | + | +- | + | 0 |
| 511 EIP | Psychiatric History Detail | EIPPsychosocial | riskPsychiatricHistoryDetail | Screens | С | Text | Factors Section 3 EIP Psych Social | 36 | Client Detail - Programs | - | H | | - | + | +- | + | 0 |
| 512 EIP | Current Psychiatric Medications | | riskPsychiatricMeds | Screens, Reports | С | * Yes/No/Unknown | Factors Section 3 | 36 | Client Detail - Programs | Y | Ш | | 4 | Ш | 4 | _ | 0 |
| 513 EIP | Current Psychiatric Medications Detail | EIPPsychosocial | riskPsychiatricMedsDetail | Screens, Reports | С | Text | EIP Psych Social Factors Section 3 | 36 | Client Detail - Programs | Υ | | | | | | | o |
| 514 EIP | History of Drug Treatment | EIPPsychosocial | riskDrugTreatment | Screens | c | * Yes/No/Unknown | EIP Psych Social Factors Section 3 | 36 | Client Detail - Programs | | Ш | | | | | | 0 |
| | | | | | | | EIP Psych Social | | | | П | | | | | | |
| 515 EIP | History of Drug Treatment Detail | | riskDrugTreatmentDetail | Screens | C | Text | Factors Section 3 EIP Psych Social | 36 | Client Detail - Programs | + | \forall | + | + | + | + | + | 0 |
| 516 EIP | hospitalizations? History of psychiatric | EIPPsychosocial | riskPsychiatricHosp | Screens, Reports | C | * Yes/No/Unknown | Factors Section 3 EIP Psych Social | 36 | Client Detail - Programs | Y | Н | - | + | + | + | + | 0 |
| 517 EIP | hospitalizations Detail | EIPPsychosocial | riskPsychiatricHospDetail | Screens, Reports | С | Text * Excellent | Factors Section 3 | 36 | Client Detail - Programs | Y | Н | | _ | \perp | 4 | | 0 |
| 582 EIP | In general, client would say hea | ltr EIPFunctional | generalHealth | Screens | | * Very Good * Good * Fair * Poor * Unknown | EIP Functional Status | .37 | Client Detail - Programs | | | | | | | | 0 |
| 583 EIP | l am somewhat ill | EIPFunctional | somewhatlll | Screens | | * Definitely True * Mostly True * Don't Know * Mostly False * Definitely False * Unknown | EIP Functional Status | 37 | Client Detail - Programs | | | | | | | | Changed someone to somewhat; changed 0 False to Definitely False |
| 363 EIP | | EPFUNCIONAL | somewhauii | Screens | | * Definitely True * Mostly True * Don't Know * Mostly False | EIP Functional Status | 31 | Client Detail - Programs | | | | | | | | oralse to Delimitely raise |
| 584 EIP | I am as healthy as anybody I know | EIPFunctional | healthyAsAnybody | Screens | | * Definitely False * Unknown | 1 | 37 | Client Detail - Programs | Ш | Ш | | | | | | 0 changed False to Definitely False |
| 585 EIP | My health is excellent | EIPFunctional | healthleEvellent | Screens | | * Definitely True * Mostly True * Don't Know * Mostly False * Definitely False * Unknown | EIP Functional Status | 37 | Client Datail Progress | | | | | | | | Ochangad Falsa to Definitoly Falsa |
| 303 EIP | My health is excellent | EIFFUNCTIONAL | healthIsExcellent | Screens | | Unknown Definitely True Mostly True Don't Know Mostly False Definitely False | EIP Functional Status | 37 | Client Detail - Programs | | | | | | | | 0 changed False to Definitely False |
| 586 EIP | I have been feeling bad lately | EIPFunctional | feelBadLately | Screens | | * Unknown | 1 | 37 | Client Detail - Programs | | | | | | | | 0 changed False to Definitely False |

| | | | | | | 0 | 1 | | | | | | _ | Т | П | | | | 2 | 2 |
|--------|----------------|---|---------------------|-------------------------------|-----------------|-------------------|-------------------|--|----------------------------|---------------------------------------|--------------------------|-------------------------|---------|-----|--------------|-----------|------|--------------|--------------|----------|
| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Cildinged oxfolio | | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht | RFP/NMS | EIP | НОРМА | CARE/HIPP | MCWP | Programmatic | WICY | Comments |
| | | | | | | | | * All of the time * Most of the time * A good bit of the time * Some of the time * A little of the time * A little of the time | | | | | | | | | | | | |
| 587 | | How many times has health limited social activities? | EIPFunctional | healthLimitedSocialActivities | Screens | | - | | EIP Functional Status 2 | 38 | Client Detail - Programs | | | | | | | | | 0 |
| | | In past month, have you been a | | | | | | All of the time *Most of the time *A good bit of the time *Some of the time *A little of the time *None of the time | EIP Functional Status | | | | | | | | | | | |
| 588 | EIP | very nervous person? | EIPFunctional | nervousPerson | Screens | | | * Unknown * All of the time | 2 | 38 | Client Detail - Programs | | + | + | | - | | + | + | 0 |
| 500 | - In | In past month, have you felt calm | | | | | | * Most of the time * A good bit of the time * Some of the time * A little of the time * None of the time | EIP Functional Status | | | | | | | | | | | |
| 589 | EIP | and peaceful? | EIPFunctional | feltCalmAndPeaceful | Screens | | | * Unknown * All of the time | 2 | 38 | Client Detail - Programs | H | + | ╁ | | - | | + | † | 0 |
| | | In past month, have you felt | | | | | | * Most of the time * A good bit of the time * Some of the time * A little of the time * None of the time | EIP Functional Status | | | | | | | | | | | |
| 590 | | downhearted and blue? | EIPFunctional | feltDownheartedAndBlue | Screens | \vdash | - | * Unknown * All of the time | 2 | 38 | Client Detail - Programs | + | + | + | | +- | H | + | + | 0 |
| | | In past month, have you been a | | | | | | * Most of the time * A good bit of the time * Some of the time * A little of the time * None of the time | EIP Functional Status | | | | | | | | | | | |
| 591 | | happy person? | EIPFunctional | happyPerson | Screens | | - | * Unknown * All of the time | 2 | 38 | Client Detail - Programs | | + | + | | | | + | + | 0 |
| 592 | | In past month, have you felt so down in the dumps that nothing could cheer you up? | EIPFunctional | downInTheDumps | Screens | | | * Unknown * All of the time | EIP Functional Status 2 | 38 | Client Detail - Programs | | | | | | | | | 0 |
| 593 | EIP | In the past month, how many times did you feel full of pep? | EIPFunctional | feelFullOfPep | Screens | | | Most of the time A good bit of the time Some of the time A little of the time None of the time Unknown | EIP Functional Status | 39 | Client Detail - Programs | | | | | | | | | 0 |
| | | In the past month, how many | | | | | | * All of the time * Most of the time * A good bit of the time * Some of the time * A little of the time * None of the time | EIP Functional Status | | | | | | | | | | | |
| 594 | EIP | times did you feel worn out? | EIPFunctional | feelWornOut | Screens | | | * Unknown * All of the time | 3 | 39 | Client Detail - Programs | | + | + | | | | + | + | 0 |
| 595 | EID | In the past month, how many times did you feel tired? | EIPFunctional | feelTired | Screens | | | Most of the time A good bit of the time Some of the time A little of the time None of the time Unknown | EIP Functional Status | 39 | Client Detail - Programs | | | | | | | | | |
| 335 | | In the past month, how many times did you have enough energy to do the things you | Car of Growth and | | Colonia | | | * All of the time * Most of the time * A good bit of the time * Some of the time * A little of the time * A little of the time | EIP Functional Status | | Side Side Trogues | | | | | | | | | |
| 596 | | wanted to do? | EIPFunctional | haveEnoughEnergy | Screens | | - | * Unknown * All of the time | 3 | 39 | Client Detail - Programs | $\downarrow \downarrow$ | 1 | 1 | | 1 | Ц | \perp | 4 | 0 |
| 597 | | In the past month, how many times did you feel weighed down by your health problems? | EIPFunctional | feelWeighedDown | Screens | | | * Most of the time * A good bit of the time * Some of the time * A little of the time | EIP Functional Status | 39 | Client Detail - Programs | | | | | | | | | |
| 397 | | In the past month, how many times were you discouraged by | . VI NOVO DAI | | | | | * All of the time * Most of the time * A good bit of the time * Some of the time * A little of the time | EIP Functional Status | | | | | | | | | | | |
| 598 | EIP | your health problems? | EIPFunctional | wereDiscouraged | Screens | \vdash | | * Unknown * All of the time | 3 | 39 | Client Detail - Programs | \vdash | + | + | \mathbb{H} | + | | + | + | 0 |
| 599 | | In the past month, how many times did you feel despair over your health problems? | EIPFunctional | feelDespair | Screens | | | * Most of the time * A good bit of the time * Some of the time * A little of the time | EIP Functional Status | 39 | Client Detail - Programs | | | | | | | | | 0 |

| | | | | | | hange | | | | | SprdSht | | | | | RPT | 2 | se Rpts | |
|-------|----------------|--|---------------------|--|------------------|-------------------|--|----------------------------|---------------------------------------|----------------------------|-------------------|--------------|----------|--------|---------------|-------------------|---------------------|---------------|---|
| tem # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 Spr | CADR | el el | HOPWA | CARE/HIPP | MCWF CARE SVCR | Programmati WICY | In Compliance | Comments |
| | | | | | | | * All of the time * Most of the time | | | | | T | | | | П | | Ī | |
| | | | | | | | * A good bit of the time * Some of the time | | | | | | 1 | | | | | | |
| | | In the past month, how many | | | | | * A little of the time | | | | | | | | | | | | |
| 600 | EIP | times were you afraid because of your health? | EIPFunctional | afraidBecauseOfHealth | Screens | | * None of the time * Unknown | EIP Functional Status 3 | 39 | Client Detail - Programs | | | | | | | | 0 | |
| | | | | | | | * All of the time * Most of the time | | | | | | | | | | | | |
| | | In the past month, how many times did you feel overwhelmed | | | | | * A good bit of the time * Some of the time | | | | | | | | | | | | |
| | | by the number and frequency of | | | | | * A little of the time | | | | | | | | | | | | |
| 601 | EIP | HIV medication you have to take each day? | EIPFunctional | overwhelmedByHIVMeds | Screens | | * None of the time * Unknown | EIP Functional Status 3 | 39 | Client Detail - Programs | | | | | | | | 0 | |
| | | | | | | | * Very well; could hardly be better * Pretty good | | | | | T | | | П | Ħ | | | |
| | | How has the quality of your life | | | | | * Good and bad parts about equal | | | | | | | | | | | | |
| | | been during the past month? That is, how have things been | | | | | * Pretty bad * Very bad; could hardly be worse | EIP Functional Status | | | | | | | | | | | |
| 601B | | going for you? | EIPFunctional | qualityOfLife | Screens | Α | * Unknown * Much better | 3 | 39 | Client Detail - Programs | Y | + | \vdash | - | \vdash | \dashv | - | 0 | |
| | | | | | | | * A little better | | | | | | | | | | | | |
| | | How would you rate your physica | 1 | | | | * About the same * A little worse | | | | | | | | | | | | |
| | | health and emotional condition | | | | | * Much worse | EIP Functional Status | | | | | | | | | | ١. | |
| 601C | | now compared to a month ago? In past 3 months, been | EIPFunctional | ratePhysicalEmotionalCompared | Screens | A | * Unknown | 3 | 39 | Client Detail - Programs | Y | + | H | | ++ | + | - | 10 | |
| 518 | EIP | homeless? In past 3 months, been in alcohol | EIPBehavioral | beenHomeless | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | + | - | | 4 | _ | | 0 | |
| 519 | EIP | or drug treatment? | EIPBehavioral | beenInAlcoholDrugTreatment | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | ┸ | | | Ш | | | 0 | |
| 520 | EIP | In past 3 months, had sex while high on drugs or alcohol? | EIPBehavioral | hadSexWhileHighDrugsAlcohol | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | | | | | | | 1 | |
| 520 | | | | | | | | | | z z z z z r rograma | TT | T | П | | \sqcap | \forall | \top | Ť | |
| 521 | EIP | In past 3 months, had sex to get money, drugs, shelter, etc? | EIPBehavioral | hadSexForMoneyDrugs | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | | | | | | | 0 | |
| 522 | FID | In past 3 months, paid for sex with money or drugs? | EIPBehavioral | paidMoneyDrugsForSex | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | | | | | | | | |
| JZZ | L.II | with money of drugs: | Lii Deliaviorai | parawoney bragar or dex | OCICEIIS | | * Yes | Eli Dellaviolal (GR. 1 | | Oliciti Detail - 1 Tograms | | † | H | | \Box | \forall | | 1 | |
| | | In past 3 months, had sex with a | | | | | * No * Not Sure | | | | | | | | | | | | |
| 523 | EIP | | EIPBehavioral | hadSexWithPersonWholnjects | Screens | | * Unknown * Yes | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | Ш | \perp | Ш | _ | $\perp \perp$ | \perp | _ | 0 | |
| | | | | | | | * No | | | | | | | | | | | | |
| 524 | FIP | In past 3 months, had sex with a man who has sex with men? | EIPBehavioral | hadSexWithManWhoHasSexWithMen | Screens | | * Not Sure * Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | | | | | | | | |
| OL. | | man who had dox war mon. | En Bonavioral | THE CONTRACTOR OF THE CONTRACT | Corociio | | * Yes | En Bonavioral (tok) | | Onone Botan Trogramo | | \top | П | | П | \Box | | T | |
| | | In past 3 months, been | | | | | * No * Not Sure | | | | | | | | | | | | |
| 525 | EIP | diagnosed with Hepatitis C? In past 3 months, been | EIPBehavioral | beenDiagnosedHepatitisC | Screens | | * Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | + | Н | | ++ | \perp | | 0 | |
| | | diagnosed with a sexually | | | | | * Yes | | | | | | | | | | | | |
| | | transmitted disease (e.g., Syphilis, Chlamydia, Gonorrhea, | | | | | * No * Not Sure | | | | | | | | | | | | |
| 526 | EIP | Hepatitis B?) | EIPBehavioral | beenDiagnosedSTD | Screens | | * Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | \perp | Ш | | ₩. | | | 0 | |
| | | In past 3 months, been in the | | | | | | | | | | | | | | | | | |
| | | correctional system? (Probation, parole, secured detention, | | | | | | | | | | | | | 1 1 | | | | |
| 527 | EIP | juvenile corrections, etc.) | EIPBehavioral | beenInCorrectionalSystem | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | + | Ш | _ | 1 | | _ | 0 | |
| 528 | EIP | | EIPBehavioral | everInjectedDrugs | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | | | | | | | 0 | |
| 529 | FIP | Has client ever been in alcohol or drug treatment? | EIPBehavioral | everInAlcoholDrugTreatment | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | | Τ | | T | | П | | | |
| | | Has client ever has sex against | | 1 | | | | | | | \top | Ť | \vdash | \top | \top | \forall | + | T | |
| 530 | | his/her will? Has client ever had sex with othe | | everHadSexAgainstWill | Screens | \vdash | * Yes/No/Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | + | + | H | + | + | + | + | +0 | |
| 531 | EIP | men (men only)? | EIPBehavioral | everHadSexWithOtherMen | Screens | | * Yes/No/Unknown * Yes | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | ++ | + | \vdash | + | + | + | _ | 0 | |
| | | | | | | | * No | | | | | | Н | | | | | | |
| 532 | EIP | Is client pregnant now? (women only) | EIPBehavioral | nowPregnant | Screens, Reports | | * Not Sure * Unknown | EIP Behavioral Risk 1 | 40 | Client Detail - Programs | _Y | | | | | | | 0 | |
| 533 | | In past 3 months, has client have | | | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | П | T | П | | | П | | T. | |
| | | | | hadVaginalOralAnalSex | | \vdash | | | | | ++ | + | + | + | + | + | + | + | |
| 534 | EIP | If yes, with a man If yes with a man, the number of | EIPBehavioral | voaSexWithMan | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | + | + | \vdash | + | + | + | + | 0 | |
| 535 | EIP | men | EIPBehavioral | voaSexWithManCount | Screens | | Nnn | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | \sqcup | + | Ш | + | \sqcup | 4 | _ | 0 | |
| 536 | EIP | If yes, with a woman | EIPBehavioral | voaSexWithWoman | Screens | Ш | * Yes/No/Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | Ш | \perp | | | Ш | | \perp | 0 | Was If Yes, with a man |
| 537 | FIP | If yes with a woman, the number | EIPBehavioral | voaSexWithWomanCount | Screens | | Nnn | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | | T | П | T | | П | T | | - |
| | | | | | | | | | | | $\dagger \dagger$ | † | H | | + | + | + | T | |
| 538 | EIP | If yes, with a transgender If yes with a transgender, the | EIPBehavioral | voaSexWithTransgendered | Screens | - | * Yes/No/Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | + | + | ++ | + | + | + | + | 10 | |
| 539 | EIP | number of transgenders | EIPBehavioral | voaSexWithTransgenderedCount | Screens | \vdash | Nnn * No | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | \vdash | + | \vdash | + | \dashv | \dashv | - | 0 | |
| | | | | | | | * Yes, Always (4 out of 4 times) * Yes, Usually (3 out of 4 times) * Yes, Sometimes (2 out of 4 times) | | | | | | | | | | | | |
| | | In past 3 months, had vaginal set and how often did you use | | | | | * Yes, Occasionally (1 out of 4 times) * Yes, Never (0 out of 4 times) | | | | | | | | | | | | |
| 540 | | condoms/barriers? | EIPBehavioral | freqProtVaginalSex | Screens | | * Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | Ш | _ | Ш | | Ш | Ш | | 0 | Added part about using condoms/barriers |

| Item # | ARIES Function | n Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change Changed 03/01/04 | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht RFP/NMS | CADR | НОРМА | CARE/HIPP | MCWP CARE SVC RPT | Programmatic WICY | State of the control |
|--------|----------------|--|---------------------|-------------------------------|-----------------|---------------------------------------|---|-----------------------|---------------------------------------|--------------------------|-----------------------------|------|-------|--------------|-------------------------------|----------------------|---|
| | | In past 3 months, performed anal sex (top) and how often did you | | | | | *Yes, Always (4 out of 4 times) *Yes, Usually (3 out of 4 times) *Yes, Sometimes (2 out of 4 times) *Yes, Occasionally (1 out of 4 times) *Yes, Never (0 out of 4 times) | | | | | | | | | | |
| 541 | EIP | In past 3 months, received anal | EIPBehavioral | freqProtPerformedAnalSexTop | Screens | | Vinknown No Yes, Always (4 out of 4 times) Yes, Usually (3 out of 4 times) Yes, Sometimes (2 out of 4 times) Yes, Sossionally (1 out of 4 times) Yes. Occasionally (1 out of 4 times) | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | | | | | | | 0 Added part about using condoms/barriers |
| 542 | EIP | sex (bottom) and how often did you use condoms/barriers? | EIPBehavioral | freqProtReceivedAnalSexBottom | Screens | 1 | * Yes, Never (0 out of 4 times) * Unknown * No | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | | | | | | | 0 Added part about using condoms/barriers |
| 543 | EIP | In past 3 months, performed oral sex and how often did you use condoms/barriers? | EIPBehavioral | freqProtPerformedOralSex | Screens | | Yes, Always (4 out of 4 times) Yes, Usually (3 out of 4 times) Yes, Sometimes (2 out of 4 times) Yes, Occasionally (1 out of 4 times) Yes, Never (0 out of 4 times) Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | | | | | | | 0 Added part about using condoms/barriers |
| | | In past 3 months, received oral sex and how often did you use | | | | | * No * Yes, Always (4 out of 4 times) * Yes, Usually (3 out of 4 times) * Yes, Sometimes (2 out of 4 times) * Yes, Occasionally (1 out of 4 times) * Yes, Never (0 out of 4 times) | | | | | | | | | | |
| 544 | EIP | condoms/barriers? In past 3 months, had | EIPBehavioral | freqProtReceivedOralSex | Screens | + | * Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | | + | Н | + | - | + | 0 Added part about using condoms/barriers |
| 545 | EIP | unprotected sex with someone who was HIV Positive? | EIPBehavioral | hadUnprotHIVPos | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | | _ | | Ш | | | 0 |
| 546 | EIP | If yes, with how many HIV positive partners? | EIPBehavioral | hadUnprotHIVPosCount | Screens | | Nnn | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | | 4. | | \sqcup | | _ | 0 |
| 547 | EIP | In past 3 months, had unprotected sex with someone who was HIV Negative? | EIPBehavioral | hadUnprotHIVNeg | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | | | | | | | |
| | EIP | If yes, with how many HIV negative partners? | EIPBehavioral | hadUnprotHIVNegCount | Screens | | Nnn | EIP Behavioral Risk 2 | | Client Detail - Programs | | | | П | | | 0 |
| 549 | | In past 3 months, had unprotected sex with someone whose HIV status was unknown? | | hadUnprotHIVUnk | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 2 | | Client Detail - Programs | | | | | | | 0 |
| 550 | | If yes, with how many partners with unknown status? | EIPBehavioral | hadUnprotHIVUnkCount | Screens | | Nnn | EIP Behavioral Risk 2 | | Client Detail - Programs | | | | | | | o |
| 551 | | Does client have a spouse or main partner? | EIPBehavioral | hasPartner | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 2 | | Client Detail - Programs | | | | | | | o |
| | | If Yes, how long has the client had a spouse or main partner? | | | | | | | | | | | | П | | | |
| 552 | EIP | (in years) If Yes, how long has the client | EIPBehavioral | hasPartnerYears | Screens | - | Nnn | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | Υ | + | | \mathbb{H} | ++ | + | 0 |
| 552B | EIP | had a spouse or main partner? (in months) | EIPBehavioral | hasPartnerMonths | Screens | | Nnn | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | Y | | | | | | o |
| 553 | EIP | HIV Status of Partner/Spouse | EIPBehavioral | partnerHIVStatus | Screens | | * HIV Positive * HIV Negative * Client doesn't know * Unknown | EIP Behavioral Risk 2 | 41 | Client Detail - Programs | | | | | | | 0 |
| 554 | EIP | In past 30, has client used any of the non-injected drugs in the list? | EIPBehavioral | hasUsedNonInjectedDrugs | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | | | | | | 0 Added non-injected text |
| 555 | EIP | If yes, the number of times used: Crack | EIPBehavioral | usedCrackCount | Screens | | Nnn | EIP Behavioral Risk 3 | | Client Detail - Programs | | | | П | | | 0 |
| | EIP | If yes, the number of times used: Cocaine | EIPBehavioral | usedCocaineCount | Screens | | Nnn | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | | | \prod | | | 0 |
| 557 | | If yes, the number of times used: Heroin | | usedHeroinCount | Screens | | Nnn | EIP Behavioral Risk 3 | | Client Detail - Programs | | | | П | | | 0 |
| 558 | | If yes, the number of times used: Amphetamines | EIPBehavioral | usedAmphetaminesCount | Screens | | Nnn | EIP Behavioral Risk 3 | | Client Detail - Programs | | | | П | | | 0 |
| 559 | | If yes, the number of times used: Amyl Nitrate | EIPBehavioral | usedAmylNitrateCount | Screens | | Nnn | EIP Behavioral Risk 3 | | Client Detail - Programs | | | | | | | 0 |
| | | If yes, the number of times used: Party Drugs (ecstasy, Special K, | | | | | | | | | | T | | П | \Box | | |
| | EIP | GHB) If yes, the number of times used: | EIPBehavioral | usedPartyDrugsCount | Screens | + | Nnn | EIP Behavioral Risk 3 | | Client Detail - Programs | | + | H | + | + | + | 0 |
| 561 | EIP | Marijuana If yes, the number of times used: | EIPBehavioral | usedMarijuanaCount | Screens | + | Nnn | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | + | | + | + | + | 0 |
| _ 562 | EIP | 5 or more alcoholic drinks in one sitting | EIPBehavioral | usedGTE5DrinksCount | Screens | | Nnn | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | | | | | | 0 |
| 563 | | If Yes, List of other drugs used | EIPBehavioral | usedOtherNonInjectedDetail | Screens | | Text | EIP Behavioral Risk 3 | | Client Detail - Programs | | | | П | \square | | 0 Was List of Other drugs used |
| 554B | EIP | If yes, did you use Crack? | EIPBehavioral | usedCrack | Screens / | 4 | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | _ | Ш | Ш | Ш | | 0 |
| 555B | EIP | If yes, did you use Cocaine? | EIPBehavioral | usedCocaine | Screens / | <u> </u> | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | | Ш | Щ | $\perp \! \! \perp$ | _ | 0 |
| 556B | EIP | If yes, did you use Heroin? | EIPBehavioral | usedHeroin | Screens / | A | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | | | Ш | $\perp \downarrow \downarrow$ | | 0 |
| 557B | EIP | If yes, did you use Amphetamines? | EIPBehavioral | usedAmphetamines | Screens / | A | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | | Ш | Ш | $\perp \! \! \perp$ | _ | 0 |
| 558B | EIP | If yes, did you use Amyl Nitrate? | EIPBehavioral | usedAmylNitrate | Screens / | A. | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | | | Ш | | | 0 |
| 559B | EIP | If yes, did you use Party Drugs? | EIPBehavioral | usedPartyDrugs | Screens A | ۸ | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | | | | | | |

| | | | | | | hange 1/04 | | | | | dSht | Н | | | | ا ا | | A P |
|--------|----------------|--|---------------------|---------------------------------------|--------------------------------------|-------------------|--|------------------------|-------------------------------------|--------------------------|---------------|----------|--------|---------------|---------|------------------------------|--------------|--|
| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Answer Options | Screen Collected | Screen Collecte Page Numbe | Screen | 05/27/03 Sprd | CADR | EIP | CARE/HIPP | MCWP | CARE SVC RPT Programmatic | WICY | Comments |
| 560B E | IP | | EIPBehavioral | usedMarijuana | Screens | A | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | Ш | Ш | | \sqcup | \perp | \perp | \sqcup | 0 |
| 561B E | IP | | EIPBehavioral | usedGTE5Drinks | Screens | A | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | | | | | Ш | | | 0 |
| 561C E | ID. | If yes, did you use other non- injected drugs? | EIPBehavioral | usedOtherNonInjected | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | _ | П | | | | | П | 0 |
| | | If yes, the number of times used: | | | | | | | | | - | Ħ | | \Box | + | | H | 7 |
| 563B E | IP | Other In past 30, has client injected any | EIPBehavioral | usedOtherNonInjectedCount | Screens | A | Nnn | EIP Behavioral Risk 3 | 42 | Client Detail - Programs | ++ | Н | + | + | ++ | +- | + | 0 |
| 564 E | IP | | EIPBehavioral | hasInjectedDrugsMeds | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | - | Н | _ | ₩ | + | +- | \vdash | 0 |
| 565 E | IP | injected: Heroin | EIPBehavioral | injectHeroinCount | Screens | | Nnn | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Ш | | Ш | Ш | | | 0 |
| 566 E | EIP | If yes, the number of times client injected: Crack/Cocaine | EIPBehavioral | linjectCrackCocaineCount | Screens | | Nnn | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | П | | | | | | o |
| 567 E | | If yes, the number of times client | | | C | | Nee | FID Dahariasal Dials 4 | | | | П | | | Ħ | \top | П | |
| | | If yes, the number of times client | | injectAmphetaminesCount | Screens | | Nnn | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Н | + | + | + | + | + | 0 |
| 568 E | IP | injected: Steroids If yes, the number of times client | EIPBehavioral | injectSteroidsCount | Screens | \vdash | Nnn | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | - | + | + | \vdash | + | + | \dashv | 0 |
| 569 E | IP | injected: Insulin | EIPBehavioral | injectInsulinCount | Screens | | Nnn | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Ш | | $\perp \perp$ | \perp | | \perp | 0 |
| 570 E | IP | If yes, the number of times client injected: Hormones | EIPBehavioral | injectHormonesCount | Screens | | Nnn | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | П | | | | | | o |
| | | If yes, the number of times client injected: Prescription drugs | | | | | | | | | | | | | | | | |
| 571 E | IP | (codeine, morphine) | EIPBehavioral | injectPrescriptionCount | Screens | | Nnn | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Ш | | Ш | Ш | | Ш | 0 |
| 572 E | IP. | If yes, List of other drugs/medications injected | EIPBehavioral | injectOtherDetail | Screens | 1 1 | Text | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | П | | 1 | 11 | | | 0 Was List of other drugs/medications injected |
| 573 E | | If injected drugs, kind of needle | EIPBehavioral | usedNeedleNew | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | П | | П | | | П | |
| | | If injected drugs, kind of needle | | | | | | | | | ++ | Ħ | | H | + | + | H | |
| 574 E | | used: Bleached If injected drugs, kind of needle | EIPBehavioral | usedNeedleBleached | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | + | + | \vdash | + | + | + | 0 |
| 575 E | | used: Shared (someone used before me) | EIPBehavioral | usedNeedleSharedBeforeMe | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Dateil Branner | | $\ \ $ | | | | | | |
| 3/3 E | IP | If injected drugs, kind of needle | EIPBeliavioral | usediveedieSharedBelorewe | Screens | | res/No/Offknown | EIP Beriavioral Risk 4 | 43 | Client Detail - Programs | +++ | H | + | \vdash | + | + | H | 0 |
| 576 E | IP. | used: Shared (someone used after me) | EIPBehavioral | usedNeedleSharedAfterMe | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | | | | | | | 0 |
| | | If injected drugs, kind of needle | | 1 | | | | | | | | П | | | \top | | П | |
| 577 E | | If injected drugs, kind of needle | EIPBehavioral | usedNeedleReusedMyOwn | Screens | - | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | +- | Н | + | \vdash | + | ++ | + | 0 |
| 578 E | IP | used: Origin Unknown In the past 30, shared needles | EIPBehavioral | usedNeedleOriginUnknown | Screens | - | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Н | _ | \vdash | + | + | \vdash | 0 |
| 579 E | IP | with HIV Positive Person? | EIPBehavioral | sharedNeedleWithHIVPos | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Ш | | Щ | Ш | ' | Ц | 0 |
| 580 E | IP. | In the past 30, shared needles with HIV Negative Person? | EIPBehavioral | sharedNeedleWithHIVNeg | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | П | | | | | | 0 |
| | | In the past 30, shared needles with person with unknown HIV | | | | | | | | | | П | | | | | П | |
| 581 E | | | EIPBehavioral | sharedNeedleWithHIVUnk | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Ш | | Щ | Ш | | Ц | 0 |
| 564B E | IP. | If yes: did you inject Heroin? | EIPBehavioral | injectHeroin | Screens | A | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | П | | | 11 | | | 0 |
| 565B E | | If yes: did you inject Crack/Cocaine? | EIPBehavioral | injectCrackCocaine | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | | | | | | | |
| | | If yes: did you inject | | | | <u>^</u> | | | | | | Ħ | \top | \Box | + | ++ | Ħ | |
| 566B E | IP | Amphetamines? | EIPBehavioral | injectAmphetamines | Screens | A | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Н | - | \vdash | + | | + | 0 |
| 567B E | IP. | If yes: did you inject Steroids? | EIPBehavioral | injectSteroids | Screens | A | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Н | _ | ₩ | + | # | \vdash | 0 |
| 568B E | IP | If yes: did you inject Insulin? | EIPBehavioral | injectInsulin | Screens | A | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | Ш | | $\perp \perp$ | Ш | | Ш | 0 |
| 569B E | EIP | If yes: did you inject Hormones? | EIPBehavioral | injectHormones | Screens | A | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | | | | | | | o |
| 570B E | | If yes: did you inject Prescription | EIPBehavioral | injectPrescription | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | П | | П | | | П | |
| 3/UB E | :IP | If yes, the number of times client | EIPBeliavioral | injectriescription | Screens | ^ | res/No/Onknown | EIP Beriavioral Risk 4 | 43 | Client Detail - Programs | | Ħ | | | + | ++ | \vdash | 0 |
| 572B E | EIP | injected: Other drugs/medications | EIPBehavioral | injectOtherCount | Screens | A | Nnn | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | П | | | 11 | | | o |
| 572C E | | If yes, did you inject Other drugs | | injectOther | Screens | | * Yes/No/Unknown | EIP Behavioral Risk 4 | 43 | Client Detail - Programs | | П | | П | | | П | |
| | | | | | | | | | | | 1 | Ħ | + | \Box | + | + | Ħ | |
| 607 T | MP | Voucher Number | TMP | voucherNumber | Screens, Reports | | Nnnn * Viral Load | New TMP | 45 | Client Detail - Programs | Y | Н | + | \vdash | + | + | + | 0 |
| 608 T | TMD | Voucher Type | TMP | voucherType | Saraana Banarta | | * Phenotype | New TMP | 45 | Client Detail - Programs | _Y | | | | | | | 1 per IM 64 |
| 609 T | | | TMP | plasmaDrawAgencyID | Screens, Reports Screens, Reports | \perp | * Genotype * (agency list) | New TMP | 45 | New TMP | Y | \Box | 1 | ᆣ | 井 | 世 | | 0 |
| 610 T | | | TMP | submittingPhysician | Screens, Reports | | | New TMP | 45 | Client Detail - Programs | Y | | | | | | | o |
| 611 T | MP | Submitting Physician Email | TMP TMP | submittingPhysicianEmail incomeAGI | Screens Screens | | Text Nnnnn | New TMP New TMP | 45 45 | New TMP New TMP | | H | 1 | F | Ħ | Ŧ | \dashv | 0 |
| 012 | | modific AOI | | - Incombron | Juicens | + | * Roche PCR Standard | 140M LIMIL | 40 | 140W LIVII | + | Ħ | + | \Box | + | + | \sqcap | 1 |
| | | | | | | | * Roche PCR Ultrasensitive * Bayer bDNA | | | | | | | | | | | |
| 613 T | MP | VL Test Type | TMP | vlTestType | Screens | A | * BioMerieux NucliSens | New TMP | 45 | New TMP | 4 | \dashv | + | \vdash | + | # | \dashv | 0 |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | * Genotype | | | | | | | | | | | |
| 614 T | TMP | Resistance Test Type | TMP | resistanceTestType | Screens | С | * Phenotype | New TMP | 45 | New TMP | Υ | | | | | | Ш | 0 |

| # E ARIES Function | | | | Field | Add/Delete/Change | nanged 03/01/04 | | Screen | Screen Collecte Page | d Screen | 5/27/03 SprdSht | ADR | P | MP | CWP | CARE SVC RPT Programmatic | ICY | Compliance Apis |
|--|--|--|--|---|-------------------|-----------------|--|-----------------------------------|----------------------------|--|-----------------|-------------|--------|--------------|---------|---------------------------|----------|---|
| ≗ ARIES Function | on Data Element | Database Table Name | Database Column Name | Status | 4 (| ŀ | Answer Optionsgenotype providers | Collected | Number | Displayed | 8 2 | 0 | ω± | 0 | ≥ اد | 0 6 | S | ⊆ Comments |
| | | | | | | | * Contra Costa County Public Health Laboratory | | | | | П | | 1 1 | | | | |
| | | | | | | ŀ | * J David Gladstone Institutes | | | | | П | | | | | | |
| | | | | | | | * LA County PUblic Health Lab * San Bernardino County Public Health | | | | | Ш | | | | | | |
| | | | | | ı | ļ | Lab | | İ | | | П | | | İ | | | |
| | | | | | | | * Specialty Labs * Stanford Clinical Microbiology/Virology | | | | | П | | | | | | |
| | | | | | | | Lab * ViroLogic, Inc | | | | | П | | | | | | |
| | | | | | | - | phenotype providers | | | | | | | | | | | |
| 616 TMP | Resistance Test Lab Provider | TMP | labProvider | Screens, Reports | _ | | * Specialty Laboratories * ViroLogic, Inc. | New TMP | 45 | Outcomes for TMP | V V | П | | | | | | |
| 615 TMP | Medical Record Number | TMP | medicalRecordNumber | Screens, Reports | | | Text | New TMP | 45 | New TMP | Y | П | | | | | | 0 |
| | Patient HIV infected in last 2 | | | | | | * Yes * No | | | | | П | | | | | | |
| 617 TMP | months? | TMP | infectedInLast2Months | Screens / | Α | - | * Don't Know | New TMP | 45 | New TMP | | \sqcup | _ | Ш | _ | Щ. | Ш | 0 |
| 618 TMP | Duration of current ART regime weeks | TMP | durationARTRegimeWeeks | Screens | | | Nnn | New TMP | 45 | New TMP | | | | | | | | 0 |
| | Una Climat augustalian ADT | | | | | | * Yes | | | | | П | | | | | | |
| 619 TMP | Has Client ever taken ART Therapy? | TMP | takenARTEver | Screens | | | * No * Don't Know | New TMP | 45 | New TMP | | Ш | | Ш | \perp | Ш | | 0 |
| | Has the client taken any ART's i | 0 | | | T | | * Yes * No | | | | | П | | П | | | П | |
| 620 TMP | the past 72 hours? | TMP | takenARTLast72Hours | Screens, Reports | | - | * Don't Know | New TMP | 45 | New TMP | Y | Ш | | Ш | \perp | | Ш | 0 per IM 67 |
| | | | | | | | * Always * Usually | | | | | | | | | | | |
| | Adherence assessment: this | | | | | ŀ | * Sometimes | | | | | | | | | | | |
| 621 TMP | patient take the ART medication at the correct dose and time | TMP | adherenceAssessment | Screens | | | * Seldom Unknown | New TMP | 45 | New TMP | | | | | | | | 0 |
| 622 TMP | Plasma collected date | TMP | outcomePlasmaCollectedDateTime | Screens, Reports | | 1 | Mm/dd/yyyy | Outcomes for TMP | 46 | Client Detail - Programs | - | П | T | П | Т | | | 0 |
| | | | | | - | П | | | | | H' | Ħ | + | † | + | \vdash | H | |
| 623 TMP 624 TMP | Plasma collected time Plasma frozen date | TMP | outcomePlasmaCollectedDateTime outcomePlasmaFrozenDateTime | Screens, Reports Screens | - | | Nn:nn:nn Mm/dd/yyyy | Outcomes for TMP Outcomes for TMP | 46 46 | Client Detail - Programs Outcomes for TMP | Y | Н | + | | + | _ | Н | 0 |
| 625 TMP | Plasma frozen time | TMP | outcomePlasmaFrozenDateTime | Screens | | - 1 | Nn:nn:nn | Outcomes for TMP | 46 | Outcomes for TMP | | П | | | | | | 0 |
| 626 TMP 627 TMP | Plasma prepped ok? Lab accession number | TMP | outcomePlasmaPreppedOK outcomeLabAccessionNumber | Screens, Reports Screens, Reports | - | | * Yes/No/Unknown Nnnn | Outcomes for TMP Outcomes for TMP | 46 46 | Outcomes for TMP Outcomes for TMP | Y | + | + | + | + | - | \vdash | 0 |
| 628 TMP | Specimen received date | TMP | outcomeTestReceivedDateTime | Screens, Reports | С | : li | Mm/dd/yyyy | Outcomes for TMP | 46 | Outcomes for TMP | Y | + | + | | + | _ | \vdash | 0 Modified compliance reports |
| 629 TMP | Specimen received time | TMP | outcomeTestReceivedDateTime | Screens, Reports | C | : 1 | Nn:nn:nn | Outcomes for TMP | 46 | Outcomes for TMP | Y | Н | + | \vdash | + | | Н | 0 Modified compliance reports |
| 630 TMP | Result date | TMP | outcomeResultRecordedDateTime | Screens, Reports | | _ | Mm/dd/yyyy | Outcomes for TMP | 46 | Client Detail - Programs | . Y | Ш | | Ш | \perp | Щ. | Ш | 0 |
| 631 TMP | Result time | TMP | outcomeResultRecordedDateTime | Screens, Reports | | ١, | Nn:nn:nn | Outcomes for TMP | 46 | Client Detail - Programs | Y | П | | | | | | o |
| 632 TMP | Viral Load Result | TMP | outcomeViralLoadResult | Screens, Reports | | | Nn | Outcomes for TMP | 46 | Outcomes for TMP | Y | | | | | | | 0 |
| 633 TMP 633A TMP | Viral Load Undectable Viral Load Ultrasensitive | TMP | outcomeViralLoadUndetectable outcomeVLUltrasensitive | Screens, Reports Screens, Reports | A C | | * Yes/No Nn | Outcomes for TMP Outcomes for TMP | 46 46 | Outcomes for TMP Outcomes for TMP | Y | + | + | + | + | - | \vdash | 0 |
| 633B TMP | Viral Load Ultrasensitive Undetectable | TMP | outcomeVLUltrasensitiveUndetectable | Screens, Reports | A C | | * Yes/No | Outcomes for TMP | 16 | Outcomes for TMP | | П | | П | Т | | П | |
| 033B TWP | Undetectable | TWP | Outcome v Lourasensitive Ondetectable | Screens, Reports 7 | , C | 1 | * PI/PR | Outcomes for TWP | 46 | Outcomes for TMP | T | Ħ | + | | + | | \Box | 0 |
| 634 TMP | Resistance Test Result 1 | TMPOutcomeNote | resistanceResult | Screens | c | | * NRTI * NNRTI | Outcomes for TMP | 46 | Outcomes for TMP | | П | | | | | | 0 |
| 50111111 | Trodocarios Tool Trodat T | Tim Odioomortoio | , resistance resear | COLOGIO | - | 7 | * PI/PR | Oddomoo for fini | | - Cutomico ioi Timi | | Ħ | \top | \forall | \top | \top | \Box | |
| 634A TMP | Resistance Test Result 2 | TMPOutcomeNote | resistanceResult | Screens | A C | | * NRTI * NNRTI | Outcomes for TMP | 46 | Outcomes for TMP | | | | | | | | o |
| | | | | | | 1 | * PI/PR * NRTI | | | | | П | | | | | | |
| 634B TMP | Resistance Test Result 3 | TMPOutcomeNote | resistanceResult | Screens | A C | ; · | * NNRTI | Outcomes for TMP | 46 | Outcomes for TMP | | | | | | | | 0 |
| | | | | | | | * PI/PR * NRTI | | | | | $\ \ $ | | | | | | |
| 634C TMP | Resistance Test Result 4 | TMPOutcomeNote | resistanceResult | Screens / | A C | : | * NNRTI | Outcomes for TMP | 46 | Outcomes for TMP | | Ш | | | | | | 0 |
| | | | | | | | * PI/PR * NRTI | | | | | | | | | | | |
| 634D TMP | Resistance Test Result 5 | TMPOutcomeNote | resistanceResult | Screens / | A C | : | * NNRTI | Outcomes for TMP | 46 | Outcomes for TMP | | Н | _ | Н | _ | | Н | 0 |
| | | | | | | | * PI/PR * NRTI | | | | | П | | | | | | |
| 634E TMP | Resistance Test Result 6 | TMPOutcomeNote | resistanceResult | Screens / | A C | 1 | * NNRTI | Outcomes for TMP | 46 | Outcomes for TMP | - | + | + | 4 | + | - | Н | 0 |
| 635 TMP | Resistance Test Result Notes 1 | TMPOutcomeNote | resistanceNotes | Screens | c | : - | Text | Outcomes for TMP | 46 | Outcomes for TMP | | Ш | | | | | | 0 |
| 635A TMP | Resistance Test Result Notes 2 | TMPOutcomeNote | resistanceNotes | Screens | A C | , | Text | Outcomes for TMP | 46 | Outcomes for TMP | | | | | | | | 0 |
| | | | | | | T | | | | | | Ħ | \top | \sqcap | T | \sqcap | П | |
| 635B TMP | Resistance Test Result Notes 3 | i wiPOutcomeNote | resistanceNotes | Screens / | A C | T | Text | Outcomes for TMP | 46 | Outcomes for TMP | + | + | + | + | + | + | + | U |
| | | | | | ما ، | : l | Text | Outcomes for TMP | 46 | Outcomes for TMP | | | | | - | | 1 1 | 0 |
| 635C TMP | Resistance Test Result Notes 4 | TMPOutcomeNote | resistanceNotes | Screens / | 4 10 | - † | | | | | | 1 1 | - 1 | 1 1 | _ | | + | |
| | Resistance Test Result Notes 4 Resistance Test Result Notes 5 | | resistanceNotes resistanceNotes | Screens / | A C | T | Text | Outcomes for TMP | 46 | Outcomes for TMP | | Ш | | | | | | 0 |
| 635C TMP 635D TMP | Resistance Test Result Notes 5 | TMPOutcomeNote | resistanceNotes | Screens / | | : | Text | | | | | \parallel | + | | + | | | 0 |
| 635C TMP 635D TMP 635E TMP | Resistance Test Result Notes 5 Resistance Test Result Notes 6 Lowest CD4 count at time of | TMPOutcomeNote TMPOutcomeNote | resistanceNotes resistanceNotes | Screens / | A C | | Text | Outcomes for TMP | 46 | Outcomes for TMP | | | | | | | | 0 |
| 635C TMP 635D TMP 635E TMP 216A CMP Program | Resistance Test Result Notes 5 Resistance Test Result Notes 6 Lowest CD4 count at time of enrollment Highest Viral Load at time of | TMPOutcomeNote TMPOutcomeNote CMP | resistanceNotes resistanceNotes lowestCD4AtEnrollment | Screens / Screens / Screens, Reports / | A C | | | Outcomes for TMP | 46 48 | Outcomes for TMP Client Detail - Programs | | | | Y | | | | 0 0 1 |
| 635C TMP 635D TMP 635E TMP | Resistance Test Result Notes 5 Resistance Test Result Notes 6 Lowest CD4 count at time of enrollment Highest Viral Load at time of | TMPOutcomeNote TMPOutcomeNote | resistanceNotes resistanceNotes | Screens / | A C | ; | Text | Outcomes for TMP | 46 | Outcomes for TMP | | | | Y | | | | 0 1 1 |
| 635C TMP 635D TMP 635E TMP 216A CMP Program | Resistance Test Result Notes 5 Resistance Test Result Notes 6 Lowest CD4 count at time of enrollment Highest Viral Load at time of enrollment | TMPOutcomeNote TMPOutcomeNote CMP | resistanceNotes resistanceNotes lowestCD4AtEnrollment | Screens / Screens / Screens, Reports / | A C | ; - | Text Nnnn Nnnnn Date | Outcomes for TMP | 46 48 | Outcomes for TMP Client Detail - Programs | | | | Y | Y | | | 0 1 1 1 Modified compliance reports |
| 635C TMP 635D TMP 635E TMP 216A CMP Program 219A CMP Program | Resistance Test Result Notes 5 Resistance Test Result Notes 6 Lowest CD4 count at time of enrollment Highest Viral Load at time of enrollment | TMPOutcomeNote TMPOutcomeNote CMP | resistanceNotes resistanceNotes lowestCD4AtEnrollment highestViralLoadAtEnrollment | Screens / Screens, Reports / Screens, Reports / | A C | : - | Text Nnnn Nnnnn | Outcomes for TMP CMP CMP | 46 48 48 | Outcomes for TMP Client Detail - Programs Client Detail - Programs | | | | Y | Y | | | 0 1 1 Modified compliance reports |
| 635C TMP 635D TMP 635E TMP 216A CMP Program 219A CMP Program | Resistance Test Result Notes 5 Resistance Test Result Notes 6 Lowest CD4 count at time of errollment Highest Viral Load at time of errollment Date of Assessment | TMPOutcomeNote TMPOutcomeNote CMP CMP | resistanceNotes resistanceNotes lowestCD4AtEnrollment highestViralLoadAtEnrollment | Screens / Screens, Reports / Screens, Reports / | A C | | Text Nnnn Nnnnnn Date 'Yes 'No 'Client not on HAART therapy | Outcomes for TMP CMP CMP | 46 48 48 | Outcomes for TMP Client Detail - Programs Client Detail - Programs | | | | Y | Y | | | |
| 635C TMP 635D TMP 635E TMP 216A CMP Program 219A CMP Program | Resistance Test Result Notes 5 Resistance Test Result Notes 6 Lowest CD4 count at time of enrollment Highest Viral Load at time of enrollment Date of Assessment Did you miss any HAART doses within the previous 48 hours of | TMPOutcomeNote TMPOutcomeNote CMP CMP | resistanceNotes resistanceNotes lowestCD4AtEnrollment highestViralLoadAtEnrollment | Screens / Screens, Reports / Screens, Reports / | A C | ; | Text Nnnn Nnnnnn Date Yes | Outcomes for TMP CMP CMP | 46 48 48 48 | Outcomes for TMP Client Detail - Programs Client Detail - Programs | | | | Y | Y | | | 0 1 1 Modified compliance reports per IM 106, changed from "Missed HAART doses yesterday" "Modified compliance |

| | | | | | | | | | | | | | | | _ | 1 1 | | vi |
|------------|------------------|--|---------------------|--|-----------------------------------|-------------------|--|--------------------------------|---------------------------------------|--|------------------|---------|----------|---------|--------------|-------------------|----------------------|---|
| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht | CADR | EIP | CMP | CARE/HIPP | CARE SVC RPT | Programmatic WICY | THE COMMENTS |
| | | | | | | | * Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. * Able to take the medications at the correct time if the individual dosages are prepared in advance by another person, given daily reminders; or someone develops a drug diary or chart * Unable to take medications unless administered by someone else * Client is not taking any HAART | | | | | | | | | | | Per IM 175, NF=Not hospitalized or prior |
| 605 | | Assessment of client's ability to take HAART medications during reporting period | СМР | abilityToTakeMeds | Screens, Reports | | medications * Unable to assess client's ability to take HAART medications/don't know * Not assessed | СМР | 48 | Client Detail - Programs | Y | | | Υ | Y | | | hospital status known, Acute=Hospitatlization within current calendar yearModified compliance reports |
| 606 | CMP Program | MCWP Level of Care Code | СМР | mcwpLevelOfCareCode | Screens, Reports | | * Nursing Facility * Acute | CMP | 48 | Client Detail - Programs | YY | | | | Y | | | 1 Modified compliance reports |
| 606C | CMP Program | Lowest CD4 count at time of enrollment Date | CMP | lowestCD4AtEnrollmentDate | Screens, Reports | A | Mm/dd/yyyy | CMP | 48 | Client Detail - Programs | | | | Υ | | | | 1 |
| | | Highest Viral Load at time of enrollment Date | CMP | highestViralLoadAtEnrollmentDate | Screens, Reports | | Mm/dd/yyyy | CMP | 48 | Client Detail - Programs | | | | _ | | | | 1 |
| | | Date of Symptomatic HIV+ | CMP | | | | | CMP | | | | | | · · | \top | Ħ | \exists | |
| | | Diagnosis Financial Benefits Counselor | | symptomaticHIVDiagnosisDate | Screens, Reports | A C | Mm/dd/yyyy | | 48 | Client Detail - Programs | | Н | \vdash | Y | + | H | | 1 |
| | | Name Financial Benefits Counselor | CareHipp | financialCounselorName | Screens, Reports | - | Text | CARE/HIPP | 50 | Client Detail - Programs | | Н | | | Y | + | \dashv | 1 |
| 637 | CARE/HIPP | Phone | CareHipp | financialCounselorPhone | Screens, Reports | - | Nnn-nnn-nnnn | CARE/HIPP | 50 | Client Detail - Programs | | + | - | + | Y. | | \dashv | 1 |
| 638 | CARE/HIPP | Financial Benefits Counselor Fax | CareHipp | financialCounselorFax | Screens, Reports | - | Nnn-nnn-nnnn | CARE/HIPP | 50 | Client Detail - Programs | | Н | \perp | | Y | \sqcup | \perp | 1 |
| 639 | CARE/HIPP | Agency | CareHipp | financialCounselorAgencyID | Screens | | * (agency list) | CARE/HIPP | 50 | Client Detail - Programs | | | | | _ | Ш | | 0 |
| 640 | CARE/HIPP | Insurance Payee Name | CareHipp | medicalPayee, dentalPayee, visionPayee | Screens, Reports | | Text | CARE/HIPP | 50 | Client Detail - Programs | Υ | | | | Y | | | For Medical, Vision and Detail; modified 1 compliance reports |
| 641 | CARE/HIPP | Insurance Payee Street | СагеНірр | medicalPayeeAddressID, dentalPayeeAddressID, visionPayeeAddressID medicalPayeeAddressID, | Screens, Reports | | Text | CARE/HIPP | 50 | Client Detail - Programs | Υ | | | | Y | | | 1 Modified compliance reports |
| 642 | CARE/HIPP | Insurance Payee City | CareHipp | dentalPayeeAddressID, visionPayeeAddressID | Screens, Reports | | Text | CARE/HIPP | 50 | Client Detail - Programs | Υ | | | | Y | | | 1 Modified compliance reports |
| | | | | medicalPayeeAddressID, dentalPayeeAddressID, | | | | | | | | | | | | | | |
| 643 | CARE/HIPP | Insurance Payee State | CareHipp | visionPayeeAddressID medicalPayeeAddressID, | Screens, Reports | | Text | CARE/HIPP | 50 | Client Detail - Programs | Υ | \perp | _ | \perp | Υ. | \perp | | 1 Modified compliance reports |
| 644 | CARE/HIPP | Insurance Payee ZIP Code | СагеНірр | dentalPayeeAddressID, visionPayeeAddressID | Screens, Reports | | Nnnn | CARE/HIPP | 50 | Client Detail - Programs | Y | | | | , | | | 1 Modified compliance reports |
| | | | | | | | N | CARE/HIPP | | | H | П | | | | Ħ | \Box | 4 |
| | | Insurance Payee Tax Payer ID | | insurancePayeeTaxpayerID medicalPremium, dentalPremium, | Screens, Reports | + | Nn-nnnnnn | | | Client Detail - Programs | | Н | | | + | \forall | | |
| | CARE/HIPP | Insurance Premium | CareHipp | visionPremium | Screens | C | Nn | CARE/HIPP | 50 | | | Н | + | + | + | + | | |
| 645B | CARE/HIPP | Insurance Type | CareHipp | <resolved by="" each="" fields="" for="" payee="" type=""></resolved> | Screens, Reports | C | Medcial, Dental, Vision | CARE/HIPP | 50 | | | H | | | + | + | \dashv | |
| 646 | | Insurance Payees Medical Client ID | CareHipp | medicalPayeeClientID, dentalPayeeClientID, visionPayeeClientID | Screens, Reports | | Text | CARE/HIPP | 50 | Client Detail - Programs | Y | | | | | | | 0 |
| 647 | CARE/HIPP | Type of Insurance Policy | CareHipp | insurancePolicyType | Screens, Reports | | * Individual * Family | CARE/HIPP | 50 | Client Detail - Programs | | | | | Y | | | 1 |
| 649 | CARE/HIPP | Disenrollment Date | CareHipp | disenrollmentDate | Screens, Reports | | Mm/dd/yyyy | CARE/HIPP | 50 | Client Detail - Programs | Y | | | | _Y | | | 1 Modified compliance reports |
| | | Enrollment Date | СагеНірр | enrollmentDate | Screens, Reports | | Mm/dd/yyyy | CARE/HIPP | 50 | Client Detail - Programs | v | | | | \ \ \ | | | 1 Modified compliance reports |
| | | | | | | _ | * Active | | | | Ċ | Ħ | | | | $\forall \exists$ | | |
| 649B | CARE/HIPP | CARE/HIPP Status | CareHipp | enrollmentStatus | Screens, Reports | + | * Inactive * Moved out of state | CARE/HIPP | 50 | Client Detail - Programs | Y | Н | + | | + | + | \dashv | 1 Modified compliance reports |
| 050 | CAREAURR | Dances for Discoullings | Constitue | The state of the s | Course Donate | | * COBRA coverage exhausted * Transitioned to a HIPP program * Death * Lost to follow-up * Returned to work * 29 months exhausted * OBRA coverage exhausted * Coverage lost | CAREAURR | 50 | Chart Patril Brasses | | | | | | | | N. off. d. and C. |
| 650 | CARE/HIPP | Reason for Disenrollment | CareHipp | disenrollmentReason | Screens, Reports | + | * Other (specify) | CARE/HIPP | 50 | Client Detail - Programs | Y | + | + | + | <u> </u> | ++ | + | 1 Modified compliance reports |
| 651 | CARE/HIPP | Months Remaining | CareHipp | monthsRemaining | Screens, Reports | | Nn | CARE/HIPP | 50 | Client Detail - Programs | | | | | Y | | | Months remaining is 29 minus cumulative UOS 1 for this program; modified compliance reports |
| | Intake | Primary Source of Medical Care Primary Care Provider Name | Medical Medical | primaryCareSource | Screens, Reports | | * Alternative/complementary care * County hospital and DPH Clinics * Community-based clinics, public * Community-based clinics, private * HMO hospital/clinics (e.g., Kaiser) * VA hospital, CHAMPUS * Other * Private MD * Emergency room * No primary care * Unknown * Unknown * Unknown * * * * * * * * * * * * * * * * * * * | Basic Medical | | Client Detail - Medical | Y Y | | Y | | | | | 1 Changed list options |
| 1/5 176 | Intake Intake | Primary Care Provider Name Primary Care Provider Phone | Medical Medical | primaryCareProviderName primaryCareProviderPhone | Screens, Reports Screens, Reports | | Text Nnn-nnn-nnnn | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | Y | | | | \pm | + | \pm | 0 |
| 178 | Intake | Primary Care Provider Last Visit | Medical | primaryCareProviderLastVisitDate | Screens | T | Mm/dd/yyyy | Basic Medical | 52 | Client Detail - Medical | | | I | | | | | 0 |
| | | | | | | | | | | | | _ | | | | | | |

| | | | | Φ. | <u>. T</u> | | | | | | П | | | | П | ts | |
|----------------------------|---|-----------------------|--|--|------------------|--|----------------------------------|----------|--|---------------------|-------------------|-------------------|---------------|----------------------|---------------|------|--|
| | | | | Field Status | Changed 03/01/04 | | | | | dSht | | | | | | Rp | |
| | | | | | 38 | | | | | Sprd | | | ۰ | MCWP CARE SVC RPT | Jatic | ance | |
| | | | | 99 | 9 E | | | Screen | | 03 S | | ⋖ | 물 | S S | Ē | 뺼 | , |
| # E | | | | Field | , le | | Screen | Page | Screen | 05/27/03 RFP/NMS | I I | 7 8 | ARE A | CWF | gi S | 5 5 | |
| ARIES F | Unction Data Element Source of HIV Primary Medical | Database Table Name | Database Column Name | Status & | ं ठ | Answer Options | Collected | Number | Displayed | 8 8 | 0 | ω¥ | ਹ ਹ | ≥ 0 | ă 3 | ≥ ≤ | Comments Added private and public CBO; made same |
| 179 Intake | Care | Medical | primaryHIVCareSource | Screens, Reports | \perp | * (Primary Source of Medical Care list) | Basic Medical | 52 | Client Detail - Medical | Y | Ш | | Υ | | | 1 | 1 with primary care |
| 180 Intake | Primary HIV Care Provider Nan | ne Medical | primaryHIVProviderName | Screens | - | Text | Basic Medical | 52 | Client Detail - Medical | | | | | | | ١, | |
| | Primary HIV Care Provider | | | | + | | | | | | + | + | + | | | + | 1 |
| 181 Intake | Primary HIV Care Provider Last | Medical | primaryHIVProviderPhone | Screens | + | Nnn-nnn-nnnn | Basic Medical | 52 | Client Detail - Medical | ++ | + | + | - | 1 | - | 0 | 1 |
| 182 Intake | Visit Visit | Medical | primaryHIVProviderLastVistDate | Screens | \perp | Mm/dd/yyyy | Basic Medical | 52 | Client Detail - Medical | | | | | | | 0 |) |
| | | | | | | * HIV Negative * HIV positive, disease stage unknown | | | | | | | | | | | |
| | | | | | | * HIV positive, asymptomatic | | | | | | | ŀ | 11 | | | |
| | | | | | | * HIV positive, symptomatic, not AIDS * HIV positive, disabling | | | | | | | | | | | |
| | | | | | | * CDC-Defined AIDS | | | | | | | 1 | | | | |
| | | | | | | * Disabling AIDS | | | | | | | | | | | B. 11440 |
| | | | | | | * Pediatric indeterminate * Unreported | | | | | | | ļ | | | | Per IM 116, add unreported to options Was CDC Disease State; add compliance |
| 183 Intake | HIV/AIDS Status | Medical | cdcDiseaseStage | Screens, Reports | c | * Unknown | Basic Medical | 52 | Client Detail - Medical | YY | Υ | \perp | Υ | Υ | $\perp \perp$ | 3 | 3 reports; changed options |
| | | | | | | * Letter of Diagnosis * Medical Record | | | | | | | | | | | |
| | | | | | | * Awaiting Letter of Diagnosis | | | | 1 1 | | | | | 1 1 | | |
| 184 Intake | Source of CDC Disease Stage | Medical | cdcDiseaseStageSource | Screens, Reports | + | * Not Applicable | Basic Medical | 52 | Client Detail - Medical | Y | + | + | - | - | +-+ | - 0 | Was Year First HIV+, changed from Nnnn; |
| 185 Intake | Year First HIV+ | Medical | yearFirstHIVPos | Screens | | YYYY | Basic Medical | 52 | Client Detail - Medical | | | | | | | 0 | O revert back to Year HIV+ |
| 186 Intake | Partners notified by Client | Medical | numPartnersNotifiedByClient | Screens | + | Nn | Basic Medical | 52 | Client Detail - Medical | | \Box | | | Ш | \Box | 0 |) |
| 187 Intake | Partners notified by Health Dep | Medical | numPartnersNotifiedByHealthDept | Screens, Reports | | Nn | Basic Medical | 52 | Client Detail - Medical | Y | _Y | | İ | | | 1 | 1 |
| 188 Intake | Date Health Dept Notified | Medical | healthDeptNotifiedDate | Screens, Reports | \perp | Mm/dd/yyyy | Basic Medical | 52 | Client Detail - Medical | Υ | Υ | | | | | 1 | |
| 189 Intake | AIDS Diagnosis Date AIDS Diagnosis County | Medical Medical | aidsDiagnosisDate aidsDiagnosisCounty | Screens, Reports Screens, Reports | + | Mm/dd/yyyy * (county list) | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | YY | ++ | + | Υ | + | ++ | 1 0 | 0 |
| 192 Intake | AIDS Diagnosis State | Medical | aidsDiagnosisState | Screens, Reports | | * (state list) | Basic Medical | 52 | Client Detail - Medical | Y | | | | | | C |) |
| 193 Intake 194 Intake | AIDS Diagnosis Source HIV Test Date | Medical HIVTest | aidsDiagnosisSource testDate | Screens, Reports Screens, Reports | + | text Mm/dd/yyyy | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | Y | + | + | - | | ++ | 0 | 0 0-many tests; modified compliance reports |
| TOTIMANO | THY YOU DAIL | 11111000 | ROUBLIC | COICONO, TROPONO | + | * Positive | Badio Modical | 1 | Oliotic Bottain Wildington | 1 | $\dagger \dagger$ | $\exists \exists$ | \neg | Ħ | $^{++}$ | 十 | 0-many tests; incomplete for those who did |
| 196 Intake | HIV Test Result | HIVTest | result | Screens, Reports | | * Negative * Indeterminent | Basic Medical | 52 | Client Detail - Medical | | | | | | | ١, | not come back for result after pre-test counseling |
| 197 Intake | HIV Test County | HIVTest | county | Screens, Reports | ٣ | Text | Basic Medical | 52 | Client Detail - Medical | Y | + | + | _ | | | 0 | 0 0-many tests |
| 198 Intake | HIV Test State | HIVTest | state | Screens, Reports | + | * (state list) | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | Y | ++ | + | \rightarrow | \vdash | ++ | 10 | 0 0-many tests |
| 199 Intake | HIV Test Source | HIVTest | source | Screens | + | Text * Offered | Basic Medical | 52 | Client Detail - Medical | + | + | + | + | \vdash | ++ | + | 1 |
| | Received HIV Pre-test | | | | | * Not Offered | | | | | | | | | 1 1 | ١. | |
| 200 Intake 201 Intake | Counseling HIV Pre-test Counseling Date | HIVTest HIVTest | preTestCounseling preTestCounselingDate | Screens, Reports Screens, Reports | + | * Unknown Mm/dd/yyyy | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | Y | Y | + | + | \vdash | ++ | 1 | 1 |
| | | | | | | * Offered | | | | | П | | | П | | | |
| 202 Intake | Received HIV Post-test Counseling | HIVTest | postTestCounseling | Screens, Reports | | * Not Offered * Unknown | Basic Medical | 52 | Client Detail - Medical | Y | _Y | | ŀ | 1 | 1 1 | 1 | 1 |
| 203 Intake | HIV Post-test Counseling Date | | postTestCounselingDate | Screens, Reports | 丰 | Mm/dd/yyyy | Basic Medical | | Client Detail - Medical | Y | Y | | | | | 1 | 1 |
| | | | | | | * MAC * Mycobacterium TB | | | | | | | | | | | |
| | | | | | - | * PCP | | | | | | | 1 | | | 1 | |
| | | | | | | * CMV * Toxoplasmosis | | | | | | | | | | | |
| | | | | | | * Cervical Cancer | | | | | 11 | | ŀ | | | | |
| 204 Intake | AIDS Defining Conditions AIDS Defining Conditions - Oth | AIDSDefiningCondition | condition | Screens, Reports | + | * Other Diagnosis | Basic Medical | 52 | Client Detail - Medical | YY | Y | + | Y | | | 2 | 2 Per IM 123, 124, 126, 127, 128, 130 |
| 205 Intake | Detail | AIDSDefiningCondition | condition | Screens, Reports | | Text | Basic Medical | 52 | Client Detail - Medical | YY | Y | | Υ | | | 2 | 2 |
| 206 Intake | AIDS Defining Conditions Diagnosis Date | AIDSDefiningCondition | diagnosisDate | Screens, Reports | | Mm/dd/yyyy | Basic Medical | 52 | Client Detail - Medical | V V | | | | | | Τ, | |
| 206 Intake | AIDS Defining Condition | AlDSDeliningCondition | diagnosisDate | Screens, Reports | + | Min/dd/yyyy | Basic Medical | 52 | Client Detail - Medical | 1 1 | +++ | + | 1 | +++ | ++ | +- | 1 |
| 207 Intake | Treatment date | AIDSDefiningCondition | treatmentDate | Screens, Reports | + | Mm/dd/yyyy | Basic Medical | 52 | Client Detail - Medical | Υ | + | \dashv | - | Н. | ++ | 0 |) Des IM 440, Add carties 24 50, acc IM 476 |
| | | | | | - | | | | | | | | 1 | | | 1 | Per IM 149, Add option 31-50; per IM 176, needed for MCWP |
| 000 1.1.1 | Cognitive and Functional Ability | | | | | | Burta Market | | OF A PART MARKET | | | | . | | | _ | Display for Non-Pediatric Clients; made into a |
| 208 Intake | Scale Score (Karnofsky) | Medical | karnofskyCFAScale | Screens, Reports | + | Nnnn * A - mild signs/symptoms | Basic Medical | 52 | Client Detail - Medical | YY | + | + | Y | Y | ++ | 12 | 2 textbox |
| | | | | | | * B - moderate signs/symptoms | | | | | | | | | | | |
| | | | | | | * C - severe sign/ symptoms * N - no signs/symptoms | | | | | | | | | | | |
| | | | | | | * N/A, adult >= 13 | | | | | | | ŀ | | | | Modified compliance reports; added = before |
| 209 Intake 209B Intake | Pediatric Scale rating Date of Pediatric Scale rating | Medical Medical | pediatricScale pediatricScaleDate | Screens, Reports Screens, Reports A | C | * Unknown, not assessed Mm/dd/yyyy | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | YY | + | + | Y | Υ | ++ | | 2 13 0 Added per IM 474 |
| 210 Intake | CFA Rating Date | Medical | karnofskyCFAScaleDate | Screens | ľ | Mm/dd/yyyy | Basic Medical | 52 | Client Detail - Medical | | | | | | | 0 | 0 |
| 211 Intake | Medically Unable to work? Date of Medically Unable to | Medical | medicallyUnableToWork | Screens, Reports | + | * Yes/No/Unknown | Basic Medical | 52 | Client Detail - Medical | Y | ++ | + | + | \vdash | ++ | 10 | 0 Reordered list options |
| 211B Intake | work? | Medical | medicallyUnableToWorkDate | Screens, Reports A | С | Mm/dd/yyyy | Basic Medical | 52 | Client Detail - Medical | Y | Ш | | | Ш | Ш | 0 | 0 Added per IM 474 |
| 212 Intake | Current Weight | Medical | weightCurrent | Screens | - 1 | Nnn Mm/dd/yyyy | Basic Medical | 52 | Client Detail - Medical | Y | H | 4 | F | $+$ \top | H | 0 | 0 |
| 212B Intake 213 Intake | Date of Current Weight Usual Weight | Medical Medical | weightCurrentDate weightUsual | Screens A Screens | | Mm/dd/yyyy Nnn | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | 1 | \perp | $\pm \pm$ | | \perp | $\pm \pm$ | 10 | 0 Added per IM 474 |
| 214 Intake | | Medical | acuityTool1, acuityTool2, acuityTool3, | | T | | Basic Medical | | | П | П | | | П | П | Τ. | |
| 214B Intake | Acuity Scores 1-4 Acuity 1 Date | Medical | acuityTool4 acuityToolDate1 | Screens A | С | Text Mm/dd/yyyy | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | Y | + | + | + | + | ++ | 10 | 0 Added per IM 474 |
| 214C Intake | Acuity 2 Date | Medical | acuityToolDate2 | Screens A | C | Mm/dd/vvvv | Basic Medical | 52 | Client Detail - Medical | Y | Ħ | | # | | | 0 | 0 Added per IM 474 |
| 214D Intake 214E Intake | Acuity 3 Date Acuity 4 Date | Medical Medical | acuityToolDate3 acuityToolDate4 | Screens A Screens A | -IC | Mm/dd/yyyy Mm/dd/yyyy | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | Y | + | + | + | + | ++ | | 0 Added per IM 474 0 Added per IM 474 |
| | | | | | 7 | | | | | \top | П | Ħ | 1 | | + | | |
| 481 Intake 185B Intake | Other chronic medical condition Partner Notification Offered | ns Medical Medical | otherChronicMedicalCondition partnerNotificationOffered | Screens, Reports A | С | Text * Yes/No/Unknown | Basic Medical Basic Medical | 52 52 | Client Detail - Medical Client Detail - Medical | ++ | Y | + | - | \vdash | ++ | 1 | Moved from EIP1 screen |
| | | | | | П | | | | | ++ | Ħ | \top | + | \Box | + | T | |
| 185C Intake 215 Intake | Date Partner Notification Offere CD4 Count | ed Medical CD4 | partnerNotificationOfferedDate cd4Count | Screens, Reports A Screens, Reports | C | Mm/dd/yyyy Nnn | Basic Medical Medical History | 52 54 | Client Detail - Medical Client Detail - Medical | ΥΥ | Y | + | Υ | + | ++ | 1 1 | 1 |
| | | | | | | | | | | 111 | Ħ | + | + | \vdash | ++ | Τ' | Modified compliance reports. Calculated on |
| 216 Intake | CD4 Count Minimum | CD4 | cd4Count | Reports | С | Nnn | Medical History | 54 | Client Detail - Medical | YY | Ш | | - | ш | \perp | 0 | 0 updates to CD4 value. |

| # E ARIES F | CD4 Date | Database Table Name | Database Column Name | Screens, Reports | Answer Options | Screen Collected Medical History | Screen Collected Page Number 54 | Screen Displayed Client Detail - Medical | A 05/27/03 SprdSht A RFP/NMS | CADR | Y | \perp | CARE SVC RPT Programmatic | WICY | |
|---------------------------|---|--------------------------------|---|------------------------------------|---|--|---|--|------------------------------|---------------------------------------|------------|---------------|---------------------------|---------|--|
| 218 Intake 219 Intake | Viral Load Count Viral Load Maximum | ViralLoad ViralLoad | viralLoadCount viralLoadCount | Screens, Reports C | Nnn C Nnn | Medical History Medical History | 54 54 | Client Detail - Medical Client Detail - Medical | Y | \vdash | Y | ++ | ++ | + | 0 Modified compliance reports. Derived |
| 2 TO IIIIGINO | Viral Edda Maximum | Virdicodd | VIIIILEGGGGGGIK | Tropono e | 7 14.00 | Wiediodi Tilotory | | Oliotic Botton Modiodi | | \vdash | | | | | o Introduced complicance reports. Berried |
| 220 Intake | Viral Load Relation | ViralLoad | viralLoadRelation | Screens, Reports C | C <, >, = | Medical History | 54 | Client Detail - Medical | Y | Ш. | | | 1 | \perp | 0 Allows user to indicate > or < certain amount |
| 221 Intake | Viral Load Date | ViralLoad | viralLoadDate | Screens, Reports | Mm/dd/yyyy * Genital herpes | Medical History | 54 | Client Detail - Medical | Y | \vdash | Y | ++ | ++ | ++ | 1 |
| 222 Intake | STI Condition | STIHepatitis | condition | Screens, Reports | Gennal rierpes Genorrhea Human papillomavirus (genital warts) Syphilis Non-specific urethritis Hepatitis A Hepatitis C Chlamydia | Medical History | 54 | Client Detail - Medical | | | | | | | 2 per IM 109, added Chlamydia |
| 223 Intake | STI Test Date | STIHepatitis | testDate | Screens, Reports | Mm/dd/yyyy | Medical History | | Client Detail - Medical | YY | Y | Y | ++ | + | | 2 0 to many for each client |
| | | | | | Negative diagnostic test Positive diagnostic test Presumptive | | | | | | | | | | |
| 224 Intake | STI Diagnosis | STIHepatitis | diagnosis | Screens, Reports | * Indeterminate * Unknown | Medical History | 54 | Client Detail - Medical | v v | | \ v | | | | 0 to many for each client; modified compliance 1 reports |
| 225 Intake | STI Lab Value | STIHepatitis | labValue | Screens | Nnn | Medical History | 54 | Client Detail - Medical | ШĖ | 止 | П. | $\perp \perp$ | ш | 口 | 0 0 to many for each client |
| | | | | | * Yes * No | | | | | ΙТ | $ \top $ | ΙT | IT | ΙT | |
| 226 Intake | STI Treatment | STIHepatitis | treatmentStartDate | Screens, Reports | * Unknown * Not applicable | Medical History | 54 | Client Detail - Medical | YY | Y | Y | | | | Implicit in Treatment date?; modified 2 compliance reports Per IM 125, 132 |
| 227 Intake | STI Treatment Start Date | STIHepatitis | treatmentStartDate | Screens, Reports | Mm/dd/yyyy | Medical History | 54 | Client Detail - Medical | YY | Y | | | | | 1 0 to many for each client |
| 228 Intake | STI Treatment End Date | STIHepatitis | treatmentEndDate | Screens, Reports | Mm/dd/yyyy | Medical History | 54 | Client Detail - Medical | ΥY | Υ | | П | | П | 1 |
| 229 Intake 230 Intake | STI Treatment Completed STI Note | STIHepatitis STIHepatitis | treatmentCompleted notes | Screens Screens | * Yes/No Text | Medical History Medical History | 54 54 | Client Detail - Medical Client Detail - Medical | | \vdash | ++ | ++ | ++ | + | 0 0 to many for each client 0 0 to many for each client |
| 231 Intake | Immunizations | | | Screens, Reports | Hepatitis A Hepatitis B Pneumovax Tetanus BCG Flu PCP | Medical History | 54 | Client Detail - Medical | | | | | | | |
| 232 Intake | Date Immunized | Immunization Immunization | immunization immunizationDate | Screens, Reports | Mm/dd/yyyy | Medical History | 54 | Client Detail - Medical | + | + | Y | ++ | ++ | + | 1 Modified compliance reports 1 Modified compliance reports |
| 233 Intake | TB Skin Test (PPD) | ТВ | TBSkinTestPPDDate | Screens, Reports | * Yes/No/Unknown | Medical History | 54 | | YY | Υ | Y | | | | 2 |
| 234 Intake | PPD/TST Result | TB | TBSkinTestPPDResult | Screens, Reports | * Reactive * Non-reactive | Medical History | 54 | Client Detail - Medical | _ | П | | 11 | | | 1 Modified compliance reports |
| 235 Intake | Date PPD/TST Placed | ТВ | TBSkinTestPPDDate | Screens, Reports | Mm/dd/yyyy | Medical History | 54 | Client Detail - Medical | Y | Y | Y | | | | 2 |
| 236 Intake | Date PPD/TST Read | TB | TBTestReadDate | Screens A | Mm/dd/yyyy | Medical History | 54 | Client Detail - Medical | Ý | П | | ш | | ш | 0 |
| 237 Intake | Chest X-ray Date | ТВ | ChestXRayDate | Screens, Reports | Mm/dd/yyyy * Positive | Medical History | 54 | Client Detail - Medical | Y | H | | ++ | + | ++ | 0 |
| 238 Intake | Chest X-ray Result | ТВ | ChestXRayResult | Screens, Reports | * Negative * None * Active * Inactive | Medical History | 54 | Client Detail - Medical | Y | | | | | | 0 |
| | | | | | * History of Positive PPD | | | | | | | | | | |
| 239 Intake | TB Diagnosis | TB | TBDiagnosis | Screens, Reports A | * Unknown | Medical History | 54 | Client Detail - Medical | YY | Y | | $\perp \perp$ | 44 | Ш | 1 |
| 240 Intake 241 Intake | Date of TB Diagnosis Multi-Drug Resistant? | TB TB | TBDiagnosisDate isMultiDrugResistant | Screens, Reports Screens | Mm/dd/yyyy * Yes/No | Medical History Medical History | 54 54 | Client Detail - Medical Client Detail - Medical | YY | Y | | ++ | ++- | + | 1 |
| 242 Intake | TB Treatment Status | ТВ | TBTreatmentStatus | Screens, Reports | * N/A * Treatment * Prophylaxis * None * Unknown | Medical History | 54 | Client Detail - Medical | YY | Y | Y | | | | 2 |
| 243 Intake | TB Treatment Start Date | ТВ | TBTreatmentStartDate | Screens, Reports | Mm/dd/yyyy | Medical History | 54 | | Y | Υ | Y | | | | 2 Per IM 129 |
| 244 Intake 245 Intake | TB Treatment End Date Hospitalization Date | TB HospitalVisit | TBTreatmentEndDate visitDate | Screens, Reports Screens, Reports | Mm/dd/yyyy Mm/dd/yyyy | Medical History Medical History | 54 54 | Client Detail - Medical Client Detail - Medical | Y | Y | Y | | +- | + | 2 Modified compliance reports 1 Was ER Visit Date |
| | | | | | * HIV Related, no OI * AIDS Related, no OI * OI (HIV/AIDS) * Not HIV/AIDS Related | 1 | | | | | | | | | |
| 246 Intake 247 Intake | Hospitalization Reason Days Hospitalized | HospitalVisit HospitalVisit | visitReason hospitalizedDays | Screens, Reports | * Other Nnn | Medical History Medical History | 54 54 | Client Detail - Medical Client Detail - Medical | + | \vdash | Y | ++ | + | + | 1 Was ER Visit Reason; changed list options 1 Was ER Visit Days Hospitalization |
| 247 Intake 245B Intake | ER Visit | HospitalVisit | isERVisit | Screens, Reports Screens A C | | Medical History | 54 | Client Detail - Medical | ++ | \vdash | 1 | ++ | ++ | | 0 Per IM 230 |
| 245C Intake | Hospitalized? | HospitalVisit | isHospitalized | Screens, Reports A C | * Yes/No | Medical History | 54 | Client Detail - Medical | | | Y | | | | Per IM 230 1 Was Injury Related |
| 248 Intake | Primary OB/GYN Name | Female | primaryOBGYN | Screens, Reports | Text | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | Y | Ш | | | | | 0 |
| 249 Intake | Primary OB/GYN Phone | Female | primaryOBGYNPhone | Screens, Reports | Nnn-nnn-nnnn | Ob/Gyn & Pregnancy | 1 | Client Detail - Medical | | - | | | | | 0 |
| 251 Intake | PAP Smear/Pelvic Date | PAPSmear | examDate | Screens, Reports | Mm/dd/yyyy | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | YY | Y | Y | ++ | + | + | 2 |
| 252 Intake 253 Intake | PAP Smear/Pelvic Result | PAPSmear | result dateFirstReportedPregnant | Screens Reports | Text | Ob/Gyn & Pregnancy | | Client Detail - Medical | | - | | + | | | 0 |
| 200 illiake | Date first reported Pregnant | Pregnancy | uater ii strepotteur legilant | Screens, Reports C | Mm/dd/yyyy | Ob/Gyn & Pregnancy | 56 | One in Detail - Medical | + | ++ | + | ++ | + | + | 1 Modified compliance reports |
| 254 Intake 255 Intake | Estimated date of Conception HIV Status during pregnancy | Pregnancy | estimatedDateOfConception hivStatusDuringPregnancy | Screens, Reports C | Mm/dd/yyyy * HIV positive after conception * HIV positive prior to pregnancy | Ob/Gyn & Pregnancy Ob/Gyn & Pregnancy | 1 | Client Detail - Medical Client Detail - Medical | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Y | + | | | 1 |
| 200 illiake | rriv Status during pregnancy | Pregnancy | mivotatusbumgrieghancy | Screens, reports C | inv positive prior to pregnancy | Obroyn a Pregnancy | 30 | Oneni Detall - Medical | ++- | ++ | ++ | ++ | + | + | + |
| 256 Intake 257 Intake | Date prenatal care began Number of prenatal visits in reporting month | Pregnancy Pregnancy | datePrenatalCareBegan numPrenatalCareVisitsInMonth | Screens, Reports Screens, Reports | Mm/dd/yyyy | Ob/Gyn & Pregnancy Ob/Gyn & Pregnancy | l | Client Detail - Medical Client Detail - Medical | | Y | Y | + | | + | 2 |
| ZOT IIIIIAKE | reporting month | н геупансу | prominite nataro are VISIISI NVOTILI | poureens, reports C | z jisni | συνσητια Pregnancy | 1 00 | Oneni Detall - Medical | | - | 1 11 | \perp | | \perp | ч |

| | | | | | | <u>•</u> | . T | | | | | | П | | | | | t s | 1 |
|--------------------|---------------|--|------------------------------|---|--|-------------------|--------------------|--|---|---------------------------------------|---|-----------------------------|----------|-----------|-----------|----------|---------------------|-------------------|--|
| tem # | RIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Cilaligea 03/01/04 | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht RFP/NMS | CADR | HOPWA | CARE/HIPP | MCWP | Programmatic | In Compliance Rpt | |
| 258 In: | take | ART counseling offered to reduce HIV transmision to infant | e Pregnancy | offeredARTCounseling | Screens, Reports | A C | | * Yes/No/Unknown | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | | | | Y . | | | | Implicit in Date Received ART Counseling to 1 prevent HIV transmission to infant; now explicit |
| 259 In: | | Date Received ART Counseling | | receivedARTCounselingDate | Screens, Reports | C | Т | Mm/dd/yyyy | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | | П | | , | | | Τ. | 1 |
| 260 In: | | ART was offered to reduce vertical transmision to infant | | offeredARTToReduceTransmission | Screens, Reports | 1 | П | * Yes/No/Unknown | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | | | П | , | | | Τ. | Implicit in Date Started ART Treatment; now 2 explicit |
| | | | Pregnancy | | | A C | T | | | | | | H | | | H | †† | + | 2 explicit |
| 261 In | take | Date ART was taken | Pregnancy | startedARTTreatmentDate | Screens, Reports | C | | Mm/dd/yyyy * Live birth * Therapeutic (induced) abortion * Spontaneous abortion (miscarriage) * Stillbirth | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | | | | r | | | | 1 |
| 262 In | take | Pregnancy Outcome | Pregnancy | pregnancyOutcome | Screens, Reports | С | ŀ | * Unknown | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | Ш | Y | | r | Ш | | 1: | 2 Changed list options |
| 263 In | take | Date of Pregnancy Outcome | Pregnancy | dateOfPregnancyOutcome | Screens, Reports | С | - | Mm/dd/yyyy | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | | Ш | | Y | Ш | | 1 | 1 |
| 264 In: | | Newborn HIV Status | D | newbornHIVStatus | Screens, Reports | | | * Positive * Negative * Indeterminate * Unknown | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | | | | | | | 1. | |
| 204 111 | | Is your primary healthcare | Pregnancy | newbonninivatatus | Screens, Reports | | 1 | Olikilowii | Ob/Gyll & Fleghancy | | Cilerit Detail - Wedical | ŤТ | ľŤ | | + | П | 11 | + | |
| 249B In: | | provider strictly an OB/GYN practitioner? | Female | primaryHealthCareStrictlyOBGYN | Screens, Reports | А | | * Yes/No | Ob/Gyn & Pregnancy | 56 | Client Detail - Medical | | Y | | | Ш | | 1 | 1 |
| 265 In | take | Pharmacy 1,2,3 | Medication | pharmacy1, pharmacy2, pharmacy3 | Screens | | - | Text | ART Medications | 58 | Client Detail - Medical | | Ш | | | Ш | | | 0 Each Partner to enter the list of pharmacies |
| 266 In | take | Pharmacy Telephone Number 1,2,3 | Medication | pharmacyPhone1, pharmacyPhone2, pharmacyPhone3 | Screens | | ١ | Nnn-nnn-nnnn | ART Medications | 58 | Client Detail - Medical | | | | | 1 | | 1. | 0 |
| 268 In: | take | Anti-Retroviral Drugs Anti-Retroviral Rx Code | ARTMedication ARTMedication | name | Screens, Reports Screens, Reports Screens, Reports | | | Text *Agenerase (amprenavir) *Agenerase (amprenavir) *Combivir (zidovudine, 3tc, lamivudine) *Chrixian (indinavir) *Emitriva (emitricitabine) *Epivir (3tc, lamivudine) *Fortovase/Inviriase (saquinavir) *Forzeon (enfluviride) *Hivid (dot, zalicitabine) *Hivid (dot, zalicitabine) *Hivid (dot, zalicitabine) *Hivid (dot, zalicitabine) *Norvir (ritonavir) *Norvir (ritonavir) *Norvir (ritonavir) *Restropir (delavirine) *Restropir (zidovudine) *Restropir (zidovudine) *Restropir (zidovudine) *Sustiva (efavirenz) *Trizbir (abacavir , zidovudine, lamivudine) *Viraed (efiloriori disoproxil fumarate) *Viraed (tenloriori disoproxil fumarate) *Veriad (tenloriori disoproxil fumarate) *Zerit (d-4T, stavudine) *Clagne (dabacavir) *Other *Treatment Naive *Not yet indicated | ART Medications ART Medications ART Medications | 58 58 58 | Client Detail - Medical Client Detail - Medical Client Detail - Medical | Y Y Y Y Y | Y | | Y | | | | Need HRSA code for display on CMP form 2 (see IM 151), 0 to many per client This list will be populated with the HRSA 1 medication list and corresponding codes. |
| 270 In | take | Anti-Retroviral Prescribing Physician | ARTMedication | physician | Screens | | | Text | ART Medications | 58 | Client Detail - Medical | | Ш | | 1. | Ш | | | 0 0 to many for each client |
| 271 In | | Anti-Retroviral Rx Side Effects Anti-Retroviral Rx Date Started | | sideEffects startDate | Screens Screens, Reports | | | Text Mm/dd/yyyy | ART Medications ART Medications | 58 58 | Client Detail - Medical Client Detail - Medical | YY | \vdash | $\pm \pm$ | Y | \vdash | $\perp \perp$ | 1 | 0 1 0 to many for each client |
| 273 In: | | | ARTMedication | endDate | Screens, Reports | | П | Mm/dd/yyyy | ART Medications | 58 | Client Detail - Medical | YY | П | | | | | 1 | 0 to many for each client; modified compliance 0 reports |
| 274 In | | | ARTMedication | dosage | Screens, Reports | | | Nnnn | ART Medications | 58 | Client Detail - Medical | Y | H. | | # | H | ## | 1 | 0 |
| 283 ln: 284 ln: | | Anti-Retroviral therapy Type ART Therapy Start Date | ARTTherapy ARTTherapy | artType startDate | Screens, Reports | С | | Mm/dd/vvvv | ART Medications ART Medications | 58 58 | Client Detail - Medical | YY | Y | | Y Y | | | 3 | Per IM 122, added Dual Therapy 2 Changed list options 2 Modified compliance reports |
| 285 In | | ART Therapy End Date | ARTTherapy | endDate | Screens, Reports | | - ji | Mm/dd/yyyy | ART Medications | 58 | Client Detail - Medical | | Y | ш | # | П | $\perp \perp$ | T. | 1 |
| 479 ln | | Adherence to HIV Tx in the past 4 weeks In the last three days, not including today, how many days did you take your ART medication at the times and in the amounts prescribed by your doctor? | Medication Medication | adherenceHIVTreatment numDaysARTMedsAdherence | Screens Screens | | 11 | *Never missed a pill (100% of doses taken) *Almost all of the time (>95%, more than 19 or 20 doses taken) *Most of the time (80% to 95%) *Usually (60% - 80%) *Usually (60% - 80%) *About half of the time (40-60%), approximately half of doses taken *Some of the time (20-40%) *Very tittle of the time (<20%, less than 1 of 5 doses taken) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (<20%) *United of the time (& | ART Medications ART Medications | 58 | Client Detail - Medical Client Detail - Medical | | | | | | | | 0 Moved from EIP1 screen |

| | | | | | | ag . | 4 | | 1 | | | П | П | Т | | П | Rpts |
|--------|---------------|--|---------------------|-------------------------------------|------------------|-------------------|---|---------------------|---------------------------------------|---------------------------------|-----------------------------|---------------------------------------|---------|-------------------|--------------|----------|--|
| Item # | ARIES Functio | | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht RFP/NMS | CADR | CMP | CARE/HIPP MCWP | CARE SVC RPT | 1 | tig Comments |
| 274C I | ntake | ART Adherence Question As of Date | Medication | artMedsAdherenceDate | Screens | A | Mm/dd/yyyy | ART Medications | 58 | Client Detail - Medical | | | | | | | 0 |
| | | Genotypic.Phenotypic testing performed to determine | | | | | | | | | | | | | | | |
| 479B I | ntake | resistance to HIV medication | Medication | resistanceTestingPerformed | Screens | A | * Yes/No/Unknown | ART Medications | 58 | Client Detail - Medical | | | | | | | o |
| | | Genotypic.Phenotypic testing performed to determine | | | | | | | | | 111 | | | | | | |
| | | resistance to HIV medication | | | | | | | | | | | | | | | |
| 479C I | ntake | Date Genotypic.Phenotypic testing | Medication | resistanceTestingPerformedDate | Screens | A | Mm/dd/yyyy | ART Medications | 58 | Client Detail - Medical | | ++ | ++ | + | ++ | + | 0 |
| | | performed to determine | | | | | | | | | | | | ı | 1 1 | 11 | |
| 479D I | ntake | resistance to HIV medication Note | Medication | resistanceTestingPerformedNote | Screens | _ | Text | ART Medications | 58 | Client Detail - Medical | | | | | | | |
| 275 | | Other Medications | OtherMedication | name | Screens, Reports | | Text | Other Medications | | Client Detail - Medical | | | Y | $^{+}$ | | | 1 0 to many for each client |
| 276 | ntake | Other Medications Prescribing Physician | OtherMedication | physician | Screens | | Text | Other Medications | 60 | Client Detail - Medical | | | | | | | 0 0 to many for each client |
| 277 | ntake | Other Medications Used For | OtherMedication | usedFor | Screens | | Text | Other Medications | 60 | Client Detail - Medical | | | | | | | 0 0 to many for each client |
| 278 | ntake | Other Medications Started | OtherMedication | startDate | Screens, Reports | ++ | Mm/dd/yyyy | Other Medications | 60 | Client Detail - Medical | | ++ | Y | + | ++- | ++ | 10 to many for each client 0 to many for each client; modified compliance |
| 279 | | Other Medications Ended | OtherMedication | endDate | Screens | | Mm/dd/yyyy | Other Medications | 60 | Client Detail - Medical | | | \perp | \perp | | \perp | 0 reports |
| 280 | ntake | Other Medications Dosage In the last three days, not | OtherMedication | dosage | Screens | ++ | Nnnn | Other Medications | 60 | Client Detail - Medical | +++ | ++ | ++ | + | ++ | + | 0 |
| | | including today, how many days | | | | | | | | | | | | | | | |
| | | did you take your other medication at the times and in | | | | | * 0 | | | | | | | | | | |
| | | the amounts prescribed by your | | | | | * 2 | | | | 111 | | | | 1 1 | Н | |
| 281 I | ntake | doctor? Other Medication Adherence | Medication | numDaysOtherMedsAdherence | Screens | +-+ | *3 | Other Medications | 60 | Client Detail - Medical | | + | ++ | + | - | + | 0 specified for Other medications |
| 282 I | ntake | Question As of Date | Medication | otherMedsAdherenceDate | Screens | | Mm/dd/yyyy | Other Medications | 60 | Client Detail - Medical | | | | | | | 0 specified for Other medications |
| 286 | ntake | HIV Exposure Category Sex with Male | RiskFactor | isSexWithMale | Screens, Reports | | * Yes/No | Risk Factors | 62 | Client Detail - Risk Factors | YY | YY | Y | Y | 1 1 | | Changed list options; added compliance 4 reports |
| | | HIV Exposure Category Sex with | | | | | | | | Client Detail - Risk | 1 | | | Ť. | | П | Changed list options; added compliance |
| 286A I | ntake | Female HIV Exposure Category Injected | RiskFactor | isSexWithFemale | Screens, Reports | A C | Yes/No | Risk Factors | 62 | Factors Client Detail - Risk | YY | YY | Υ | - Y | + | ++ | 4 reports Changed list options; added compliance |
| 286B I | ntake | non-prescription drugs | RiskFactor | isInjectedNonprescriptionDrugs | Screens, Reports | A C | * Yes/No | Risk Factors | 62 | Factors | YY | YY | Υ | Y | | | 4 reports |
| | | HIV Exposure Category Received clotting factor for | | | | | | | | Client Detail - Risk | | | | | | | Changed list options; added compliance |
| 286C I | ntake | coagulation disorder | RiskFactor | isReceivedClottingFactorForDisorder | Screens, Reports | A C | * Yes/No | Risk Factors | 62 | Factors | YY | YY | Υ | Υ. | | Ш | 4 reports |
| | | HIV Exposure Category Received transfusion, transplant | | | | | | | | | | | | | | | |
| | | of tissue/organs or artificial | | | | | | | | Client Detail - Risk | 111 | | | | | | Changed list options; added compliance |
| 286D I | ntake | insemination | RiskFactor | isReceivedTransfusion | Screens, Reports | A C | Yes/No | Risk Factors | 62 | Factors | YY | YY | Y | Y | | + | 4 reports |
| | | HIV Exposure Category Worked | | | | | | | | Client Detail - Risk | | | | | | | Changed list options; added compliance |
| 286E | ntake | in healthcare or clinical lab settin HIV Exposure Category Mother | gRiskFactor | isWorkedLabSetting | Screens, Reports | A C | * Yes/No | Risk Factors | 62 | Factors | YY | YY | Υ | Y | ++ | + | 4 reports |
| | | HIV infected/Perinatal | | | | | | | | Client Detail - Risk | | | | | | | Changed list options; added compliance |
| 286F I | ntake | transmission HIV Exposure Category Sexual | RiskFactor | isMotherHIVInfected | Screens, Reports | A C | Yes/No | Risk Factors | 62 | Factors Client Detail - Risk | YY | YY | Y | - Y | - | ++ | 4 reports Changed list options; added compliance |
| 286G I | ntake | abuse (pediatric only) | RiskFactor | isSexualAbusePediatricOnly | Screens, Reports | A C | * Yes/No | Risk Factors | 62 | Factors | YY | YY | Y | Y | Ш | Ш | 4 reports |
| 286H I | ntake | HIV Exposure Category Other risk | RiskFactor | isRiskFactorOther | Screens, Reports | A C | * Yes/No | Risk Factors | 62 | Client Detail - Risk Factors | YY | YY | Y | Y | | | Changed list options; added compliance 4 reports |
| 2861 | | HIV Exposure Category | | | | | | Risk Factors | | Client Detail - Risk | , , , | | Υ | 1, | | | Changed list options; added compliance |
| 2861 1 | птаке | Unknown Sex Partner Risk Factor | RiskFactor | isRiskFactorUnknown | Screens, Reports | A (| Yes/No | RISK FACTORS | 62 | Factors Client Detail - Risk | YY | YY | Y | - 1 | - | + | 4 reports |
| 287 I | ntake | Intravenous/injection drug user | RiskFactor | isPartnerIVInjectionDrugUser | Screens, Reports | A C | * Yes/No | Risk Factors | 62 | Factors | YY | YY | | + | | | 2 Modified compliance reports |
| 287A I | ntake | Sex Partner Risk Factor Bisexua male | RiskFactor | isPartnerBisexualMale | Screens, Reports | A C | * Yes/No | Risk Factors | 62 | Client Detail - Risk Factors | YY | YY | 11 | İ | 1 1 | | 2 Modified compliance reports |
| | | 0 0 0 0 0 0 | | | | | | | | 011 1 1 1 1 1 1 1 1 1 | | | | Т | | П | |
| 287B I | ntake | Sex Partner Risk Factor Person with AIDS or documented HIV | RiskFactor | isPartnerWithAIDSOrDocumentedHIV | Screens, Reports | A C | * Yes/No | Risk Factors | 62 | Client Detail - Risk Factors | YY | YY | | | | | 2 Modified compliance reports |
| | | | | | | | | | | | | | | T | | | |
| | | Sex Partner Risk Factor Other (person with | | | | | | | | | | | | | | | |
| | | hemophilia/coagulation disorder, | | | | | | | | | 111 | | | 1 | | 11 | |
| | | transfusion recipient with documented HIV infection, | | | | | | | | | | | | | | | |
| 287C I | otoko | Transplant recipient with documented HIV infection) | RiskFactor | isPartnerRiskFactorOther | Screens, Reports | , , | * Yes/No | Risk Factors | 62 | Client Detail - Risk Factors | | | 11 | | | | 2 Modified compliance reports |
| | | Sex Partner Risk Factor | | isr attier riskr actorotilei | Screens, Reports | | resino | KISK FACIOIS | | Client Detail - Risk | | ++ | + | + | | + | 2 Modified compliance reports |
| 287D I | ntake | Unknown | RiskFactor | isPartnerRiskFactorUnknown | Screens, Reports | A C | * Yes/No | Risk Factors | 62 | Factors Client Detail - Risk | YY | YY | ++ | + | - | \perp | 2 Modified compliance reports |
| 288 | ntake | Pediatric | RiskFactor | isPediatric | Screens | | * Yes/No | Risk Factors | 62 | Factors | | | | | | | o |
| | | | | | | ПП | * Men who have sex with men (MSM) | | | | | T | | Т | | | |
| | | | | | | | * Injection drug user (IDU) * Men who have sex with men and | | | | | | | | | | |
| | | | | | | | injection drug user (MSM and IDU) * Hemophilia/coagulation disorder | | | | | | | | | | |
| | | | | | | | * Heterosexual contact | | | | | | | | | | |
| | | | | | | | * Receipt of transfusion of blood, blood components or tissue | | | | | | | | | | |
| | | | | | | | * Mother HIV infected/Perinatal | | | | | | | | | | |
| | | | | | | | transmission * Sexual abuse (pediatric only) | | | | | | | | | | |
| | | | | | | | * Other | | | | | | | 1 | | | |
| | | | | | | | * Undetermined * Risk not reported | | | Client Detail - Risk | | | | | | | Modified compliance reports; changed list |
| 288B I | ntake | Primary HIV Exposure | RiskFactor | primaryHIVExposure | Screens, Reports | A C | * Unknown | Risk Factors | 62 | Factors | Υ | YY | Υ | Y | Ш | Ш | 4 options |
| 288C I | ntake | Secondary HIV Exposure | RiskFactor | secondaryHIVExposure | Screens, Reports | _ | * (primary HIV exposure list) | Risk Factors | 62 | Client Detail - Risk Factors | $ \downarrow $ | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Į, Ī, | YY | | | 4 |
| | | | | | | 1,1 | | | | Client Detail - Risk | TH | 11 | TT | + | \top | \sqcap | 1 |
| 290 | ntake | Substance Abuse As Of | SubstanceAbuse | substanceAbuseDate | Screens, Reports | | Mm/dd/yyyy | Substance Abuse | 64 | Factors | YY | | \perp | | | \perp | 0 Modified compliance reports |

| | | | | | | elete/Change | | | Screen | | SprdSht | | | | ę. | CRPT | natic | iance Rpts | |
|--------|----------------|---|---------------------|----------------------------------|------------------|----------------------|---|---------------------|-----------------------------|---------------------------------|-------------|-----------|-----|---------|-------------|------|-------------------|------------|--|
| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delet Changed | 1 | Screen Collected | Collected Page Number | Screen Displayed | 05/27/03 \$ | CADR | EIP | HOPWA | CARE/HIP | MCWP | Programmatic | In Compli | Comments |
| | | | | | | | * Yes, active problem within the last 3 months | | | | | | | | П | | | | |
| | | | | | | | * Yes, but not active within the last 3 months | | | Client Detail - Risk | | | | | | | | | |
| 291 | ntake | Substance Abuse History | SubstanceAbuse | substanceAbuseHistory | Screens, Reports | | * Unknown * In treatment | Substance Abuse | 64 | Factors | Υ | + | H | Υ | \vdash | | | 1 | |
| | | | | | | | Waiting list for treatment Refused treatment Completed treatment Pre-treatment process Dropped out of treatment No active treatment or counseling Other | | | | | | | | | | | | |
| 292 | ntake | Substance Abuse Treatment Status | SubstanceAbuse | substanceAbuseTreatment | Screens, Reports | С | * Unknown * Not applicable | Substance Abuse | 64 | Client Detail - Risk Factors | Y | / | | Υ | | | | 1 | 1 |
| 292A | ntake | Substance Abuse Treatment Start Date | SubstanceAbuse | substanceAbuseTreatmentStartDate | Screens, Reports | A C | Mm/dd/yyyy | Substance Abuse | | Client Detail - Risk Factors | Y | 4 | | Υ | Ш | | | 1 | |
| 292B | ntake | Substance Abuse Treatment End Date | SubstanceAbuse | substanceAbuseTreatmentEndDate | Screens, Reports | A C | Mm/dd/yyyy | Substance Abuse | | Client Detail - Risk Factors | Y | | | Υ | | | | 1 | |
| 293 | ntake | Age at first Substance Use | SubstanceAbuse | substanceAbuseAgeAtFirstUse | Screens, Reports | - | Nn * Daily | Substance Abuse | 64 | | Υ | + | H | | \forall | | + | 10 | |
| 294 | ntake | Frequency of Substance Use | SubstanceAbuse | substanceAbuseFrequency | Screens, Reports | | * Weekly * Monthly | Substance Abuse | 64 | Client Detail - Risk Factors | Υ | | | | | | | | |
| 296 | ntake | Mental Health As Of | MentalHealth | mentalHealthDate | Screens, Reports | | Mm/dd/yyyy | Mental Health | | Client Detail - Risk Factors | Y | 7 | | | | | | | Modified compliance reports |
| 297 | ntake | Mental Health Treatment Status | MentalHealth | mentalHealthTreatment | Screens, Reports | | In treatment Waiting list for treatment Refused treatment Completed treatment Pre-treatment process Dropped out of treatment No active treatment or counseling Other Unknown Not applicable | Mental Health | | Client Detail - Risk Factors | Y | (| | Y | | | | 1 | |
| 298 | ntake | Mental Health History | MentalHealth | mentalHealthHistory | Screens, Reports | | Note: Note: 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t | Mental Health | | Client Detail - Risk Factors | Y | / | | | | | | | Modified compliance reports |
| 321 | Care Plan | Date Need Identified | CarePlan | carePlanDate | Screens, Reports | С | Mm/dd/yyyy | Care Plan | 68 | Client Detail - Care Plan | Υ | + | H | | \vdash | + | | - | - |
| 322 | Care Plan | Care Plan Staff Name | CarePlan | staffID | Screens, Reports | | * (staff list) | Care Plan | 68 | Client Detail - Care Plan | Υ | \perp | | | \sqcup | 4 | | - | |
| 323 | Care Plan | Care Plan Program | CarePlan | program | Screens, Reports | | * (program list) | Care Plan | 68 | Client Detail - Care Plan | Υ | + | H | + | \dashv | + | + | 10 | |
| 324 | Care Plan | Care Plan Need | CarePlan | need | Screens, Reports | _ | * (needs assessment list) | Care Plan | 68 | Client Detail - Care Plan | Y | \perp | L | | \vdash | | 11 | - | |
| 325 | Care Plan | Care Plan Need - Other Detail | CarePlan | need | Screens, Reports | _ | Text | Care Plan | 68 | Client Detail - Care Plan | Υ | + | L | | \sqcup | 4 | | - |] |
| 326 | | Care Plan Sub-Need Care Plan Sub-Need - Other | CarePlan | subneed | Screens, Reports | _ | * (to be determined) | Care Plan | 68 | Client Detail - Care Plan | Y | + | L | | \sqcup | 1 | | - | |
| 327 | | Detail | CarePlan | subneed | Screens, Reports | _ | Text | Care Plan | 68 | Client Detail - Care Plan | Υ | + | L | | \sqcup | | | (| |
| 328 | Care Plan | Care Plan Goal | CarePlan | goal | Screens, Reports | _ | Text | Care Plan | 68 | Client Detail - Care Plan | Y | \perp | L | 4 | \sqcup | 4 | 44 | | |
| 329 | Care Plan | Care Plan Date Completed | CarePlan | completedDate | Screens, Reports | _ | Mm/dd/yyyy | Care Plan | 68 | Client Detail - Care Plan | Υ | \perp | L | | \sqcup | 4 | | - | |
| 330 | Care Plan | Care Plan Outcome | CarePlan | outcome | Screens, Reports | | Completed Pending Some Progress Cancelled Unfunded Not available in area Completed Substance Abuse Program | Care Plan | 68 | Client Detail - Care Plan | · | | | | | | | | |
| | | Care Plan Task | CarePlanTask | task | Screens, Reports | | | Care Plan | | Client Detail - Care Plan | П | T | П | | \Box | T | П | Τ, | |
| | | Care Plan Task Assigned To | CarePlanTask | staffID | Screens, Reports | \top | * (staff list) | Care Plan | | Client Detail - Care Plan | | \top | П | | П | | П | 1, | |
| | | | CarePlanTask | initiatedDate | Screens, Reports | | Mm/dd/yyyy | Care Plan | | Client Detail - Care Plan | П | T | Г | | П | | | 1 | |
| | | Care Plan Task Target Date | CarePlanTask | targetDate | Screens, Reports | \top | Mm/dd/yyyy | Care Plan | | Client Detail - Care Plan | | T | П | | П | T | \Box | 1, | |
| | | Care Plan Task Follow-up Date | | followUpDate | Screens, Reports | | Mm/dd/yyyy | Care Plan | | Client Detail - Care Plan | | \dagger | П | | | 1 | | Τ, | |
| | | Care Plan Task PSC | CarePlanTask | | Screens | _ | Text | Care Plan | | Client Detail - Care Plan | | \top | П | \top | \sqcap | T | \sqcap | Τ, | 2 digit code |
| | | Care Plan Task Outcome | CarePlanTask | outcome | Screens, Reports | | | Care Plan | | Client Detail - Care Plan | П | \top | П | | П | 1 | \Box | 1, | |
| | | | CarePlanTask | | Screens, Reports | | Mm/dd/yyyy | Care Plan | | Client Detail - Care Plan | П | \dagger | | | | 1 | \Box | Τ, | |
| | | Referral Date | Referral | referralDate | Screens, Reports | | Mm/dd/yyyy | Referral | | Client Detail - Care Plan | | Ť | V | | | Ť | | 1 | Modified compliance reports |
| 339 | Jule I Iail | TOTAL PAID | 10.01161 | , constitute | Soreons, Nepulis | \top | эшүүүү | | ,,, | Onone Detail - Care Plan | Ħ | \dagger | Ė | \top | \parallel | | $\dagger \dagger$ | Τ΄ | These will match the service hierarchy; modified compliance reports; changed list |
| 340 | Care Plan | Referral Program | Referral | subservice | Screens, Reports | | * (program list) | Referral | 70 | Client Detail - Care Plan | Υ | \perp | Υ | \perp | \sqcup | 4 | | 1 | ontions: changed from Referral Type |
| 341 | Care Plan | Referral Secondary Service | Referral | subservice | Screens, Reports | С | * (Partner service list) | Referral | 70 | Client Detail - Care Plan | Υ | | Υ | | Ш | | | 1 | Modified compliance reports; changed from Referral Type Subservice |

| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Changed 03/01/04 | Answer Options | Screen Collected | Screen Collected Page Number | l Screen Displayed | 05/27/03 SprdSht RFP/NMS | CADR | HOPWA | CARE/HIPP | MCWP CARE SVC RPT | Programmatic | WICY In Compliance Rpts | Comments |
|--------|---------------------|--------------------------------------|---------------------|------------------------|------------------------------------|-------------------|------------------|--|---------------------|---------------------------------------|---|-----------------------------|--------|---------|-----------|----------------------|--------------|----------------------------|---|
| 343 | Care Plan | Refer To | Referral | referTo | Screens, Reports | | | * (referral list) | Referral | 70 | Client Detail - Care Plan | ΥY | | , | | | | | Each Partner will add these agencies. It will most likely be derived from the Agency Set-Up 1 Screen; modified compliance reports |
| 344 | Care Plan | Referral Agency - Other Detail | Referral | referTo | Screens, Reports | | | Text | Referral | 70 | Client Detail - Care Plan | ΥY | | | | | | | 1 Modified compliance reports |
| 345 | Care Plan | Target Date | Referral | targetDate | Screens, Reports | | | Mm/dd/yyyy | Referral | 70 | Client Detail - Care Plan | Y | Ш | | | | | | 0 Modified compliance reports |
| 346 | Care Plan | Follow-Up Date | Referral | followUpDate | Screens, Reports | | | Mm/dd/yyyy | Referral | 70 | Client Detail - Care Plan | Y | Ш | | | | | | This will generate a To Do List for Case Managers to remind them to follow-up with the 0 clients; modified compliance reports |
| 347 | Care Plan | Referral PSC Code | Referral | psc | Screens | A | | Text | Referral | 70 | Client Detail - Care Plan | | | | | | | | 0 2 digit code |
| 348 | Care Plan | Referral Reason | Referral | referralNotes | Screens, Reports | | | Text | Referral | 70 | Client Detail - Care Plan | Y | Ш | | | | | | 0 Modified compliance reports |
| 349 | Care Plan | Date of Outcome of Referral | Referral | outcomeDate | Screens, Reports | | | Mm/dd/yyyy | Referral | 70 | Client Detail - Care Plan | Υ | Н | | | | | | 0 Modified compliance reports |
| | | | | | | | | * Kept appointment * No show | | | | | | | | | | | |
| | Care Plan | Outcome of Referral | Referral | outcome | Screens, Reports | ++ | \dashv | * Rescheduled appointment | Referral | 70 | Client Detail - Care Plan | Y | $^{+}$ | + | | H | ++ | + | 0 Modified compliance reports |
| 351 | Care Plan | Outcome Notes | Referral | outcomeNotes | Screens | ++ | \dashv | Text | Referral | 70 | Client Detail - Care Plan | | Н | - | | H | + | + | 0 |
| | Needs Assessment | Referral Primary Service | Need | subservice | Screens, Reports Screens, Reports | | | 'Inrsa service list) 'Case Management 'Child Care 'Complementary Therapies 'Dental Care 'Everyone Services 'Health Education Risk Reduction *Hil/AIDS Treatment Adherence 'House Home Health/Hospice 'Housing Assistance 'Legal Services 'Mental Health Counseling 'Other Counseling 'Other Counseling 'Outreach 'Peer Advocacy 'Pharmacy 'Primary Medical Care 'Outreach 'Peer Advocacy 'Pharmy 'Primary Medical Care 'Outreach 'Peer Advocacy 'Pharmy 'Primary Medical Care 'Substance Abuse Counseling 'Transportation 'Transportation 'York Reentry '24 hour referral hotline 'Other (Specify) | Needs Assessment | 70 | Client Detail - Care Plan | | | | | | | | Added to reflect service hierarchy Options for each is Yes, No, Unknown |
| | Needs Assessment | Other | Need | needsCategory | Screens, Reports | | | Text | Needs Assessment | 72 | Client Detail - Care Plan | YY | П | | | | | | 0 |
| | Needs Assessment | Needs Assessment Date | NeedsAssessment | needsAssessmentDate | Screens, Reports | | | Mm/dd/yyyy | Needs Assessment | 72 | Client Detail - Care Plan | | П | | | | | \top | 0 |
| | Veeds | Needs Assessment Date | Needaraaeaament | Incourage Same In Date | Остесна, геропа | | | * Need * Don't Need | Needs Assessment | | Oliciti Detail - Care Flair | i | П | | | | TT | T | 9 |
| 319 | Assessment | Needs Assessment Value | Need | need | Screens, Reports | \perp | 4 | * Unknown | Needs Assessment | 72 | Client Detail - Care Plan | ΥY | Н | \perp | | Ш | Ш | \perp | 0 |
| | Needs Assessment | Needs Assessment Create Care Plan | CarePlan | needsAssessmentID | Screens | | 4 | * Yes/No | Needs Assessment | 72 | Client Detail - Care Plan Client Detail - Case | | Н | + | | | | \perp | 0 |
| 352 | Progress Notes | Activity Date | CaseNote | activityDate | Screens | | 4 | Mm/dd/yyyy | Note | 74 | Notes | | Н | | | Ш | 1 | \perp | 0 Activity Date |
| 353 | Progress Notes | Date of Entry of Note | CaseNote | createDate | Screens, Reports | 11 | | Mm/dd/yyyy | Note | 74 | Client Detail - Case Notes | Υ | Ш | | | Ш | | \perp | 0 System generated This will be a list of all of the staff at each |
| 354 | Progress Notes | Staff | CaseNote | staffID | Screens, Reports | | | * (staff list) | Note | 74 | Client Detail - Case Notes | Υ | Ш | | | | | | O Provider agency |
| | Progress Notes | | CaseNote | noteType | Screens, Reports | A | | Initial Assessment Service Assessment Progress Note Client Update Crisis Note Client Update Crisis Note Case Conference Presenting Problem Medical Financial Housing Employment Education/Training Family/Social Support Legal Mental Health Substance Use Health Education Adherence Risk Reduction Client Contract Incident Report Impresssions | Note | 74 | Client Detail - Case Notes | Y | | | | | | | 0 Added per t/c with Jerry Nevarez |
| 356 | Progress Notes | Category | CaseNoteParagraph | category | Screens, Reports | +-+ | \dashv | * Administrative | Note | 74 | Notes Client Detail - Case | Y | + | + | - | + | ++ | + | 0 All of the HRSA-defined categories |
| 357 | Progress Notes | Don't share | CaseNoteParagraph | isShared | Screens | c | ; | * Yes/No | Note | 74 | Notes | | | | | | | | o |

| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed Client Detail - Case | 05/27/03 SprdSht | CADR | EIP | CMP | CARE/HIPP | CARE SVC RPT | Programmatic WICY | Std A |
|--------|-------------------|--------------------------------------|---------------------|---|------------------|-------------------|--|---------------------|---------------------------------------|---|------------------|----------------|-------------|---------|-----------|--------------|----------------------|---|
| 358 | Progress Notes | New Paragraph of Note | CaseNoteParagraph | paragraph | Screens, Reports | _ | Text | Note | 74 | Notes Client Detail - Case Client Detail - Case | | Y | Ш | | 4 | | 1 | 0 |
| 359 | Progress Notes | Notes Signed and Sealed By | CaseNote | signedAndSealed | Screens | 4 | * (user name) | Note | 74 | Notes Client Detail - Case | 11 | \perp | Ш | | 4 | 11 | _ | 0 |
| 360 | Progress Notes | Notes Signed and Sealed By Date | CaseNote | signedAndSealedDate | Screens | \perp | Mm/dd/yyyy | Note | 74 | Notes | Ш | \perp | Ш | | | Ш | | 0 |
| | | | | | | | * Client Name * Agency Client ID | | | | | | l. I. | | | | | |
| | | Client Record Identifier Type | ServiceLineItem | | Screens, Reports | + | * Program Client ID | Service Line Item | | Client Detail - Services | Y | 1 | YY | Ė | | Y | | 9 |
| | | Client Record Identifier Value | ServiceLineItem | | Screens, Reports | + | Text | Service Line Item | 76 | Client Detail - Services | Y | YY | YY | Υ | YY | Υ, | Y | 9 Allows batch entry of service records |
| 377 | Service Line Item | Date of Service | ServiceLineItem | serviceDate | Screens, Reports | + | Mm/dd/yyyy * Home | Service Line Item | 76 | Client Detail - Services | YY | YY | YY | Y | Y Y | Y | / Y | 9 |
| 378 | Service Line Item | Site | ServiceLineItem | siteID | Screens, Reports | | * Hospital * Office | Service Line Item | 76 | Client Detail - Services | Y | Y Y | Y | Υ | YY | Y | Y | 8 Each Partner will enter this information. |
| 379 | Service Line Item | Days to Next Service | ServiceLineItem | nextServiceDate | Screens, Reports | | Nnn | Service Line Item | 76 | Client Detail - Services | Y | YY | Y | Υ | YY | Y | / Y | 8 |
| | | Days to Next Service Date | ServiceLineItem | | Screens, Reports | | Mm/dd/yyyy | Service Line Item | 76 | Client Detail - Services | v, | , _v | Y | Y | YY | γ, | / Y | 8 |
| | | Payer/Contract ID | ServiceLineItem | | Screens, Reports | | Text | Service Line Item | | Client Detail - Services | V | / \ | \ \ \ | Y | v v | Y | / _ | 8 |
| | Service Line Item | | ServiceLineItem | | Screens, Reports | \top | * (staff list) | Service Line Item | | Client Detail - Services | | | | | | γ, | | This could also be a picklist with each staff |
| | Service Line Item | | ServiceLineItem | | Screens, Reports | | Stati listy | Service Line Item | | | Υ \ | YY | YY | | | | | 9 |
| | Service Line Item | | ServiceLineItem | primaryService | Screens, Reports | | * (Partner service list) | Service Line Item | | Client Detail - Services | v \ | , , | YY | | v v | ν, | / Y | This will automatically populate based on the 9 Contract set-up. |
| | | Secondary Service | ServiceLineItem | | Screens, Reports | | * (Partner services list) | Service Line Item | | Client Detail - Services | | , , | YY | | , , | V, | / \ | This will automatically populate based on the 9 Contract set-up. |
| | Service Line Item | | | | | | | | | Client Detail - Services | | , , | m | Ť | | Ť | | 9 Each Provider will determine this. |
| | | | ServiceLineItem | | Screens, Reports | + | * (agency subservices list) | Service Line Item | | | Y 1 | | YY | Y | Y | Υ , | | 9 Each Provider will determine this. |
| | Service Line Item | | ServiceLineItem | | Screens, Reports | + | Nnn | Service Line Item | | Client Detail - Services | YY | YY | Y | Y | YY | Y | | 8 |
| | Service Line Item | | ServiceLineItem | | Screens, Reports | + | Nnn | Service Line Item | 76 | Client Detail - Services | Y | YY | Y | Υ | YY | Y | / Y | 8 |
| 389 | Service Line Item | Measurement of UOS | ServiceLineItem | measurementUnit | Screens, Reports | - | * (based on service category selections) | Service Line Item | 76 | Client Detail - Services | Y | YY | Y | Υ | Y Y | Y | / Y | 8 add Total Cost of Service in manually or if |
| 390 | Service Line Item | Total Cost of Service | ServiceLineItem | totalCost | Screens, Reports | | \$Nnnnn.nn | Service Line Item | 76 | Client Detail - Services | Y | Y Y | Y | Υ | Y | Y | Y | Rate of UOS and Measurement of UOS are 8 entered then it's calculated. |
| 391 | Service Line Item | Daily Service End Date | ServiceLineItem | <pre><front batch="" end="" entry="" field="" for="" used=""></front></pre> | Screens, Reports | | Mm/dd/yyyy | Service Line Item | 76 | Client Detail - Services | Y | Y Y | Y | Υ | YY | Y | / Y | Allows one service record to be used for 8 several days |
| | | Actual Minutes Spent | ServiceLineItem | | Screens, Reports | | Nnn | Service Line Item | 76 | Client Detail - Services | Y | γY | Y | Υ | ΥY | Y | / Y | 8 |
| | Service Line Item | | ServiceLineItem | | Screens, Reports | | Nnn | Service Line Item | | Client Detail - Services | ٧, | , , | V | Υ | v v | γ, | / Y | 8 |
| | Service Line Item | | ServiceLineItem | | Screens, Reports | | Text | Service Line Item | 76 | Client Detail - Services | V | , , | \ \ \ | _ | · . | , | | 8 |
| | | Related/Affected Individual | | <not change="" client="" due="" in="" needed="" table="" to=""></not> | | \top | | | | Client Detail - Services | ij. | , , | Y Y | Ţ | · · | Ť | Ť | 9 |
| | | | ServiceLineItem | | | ` | * Yes/No | Service Line Item | | | 1 1 | , , | T T | , T | , i | Y | , , | 9 |
| | | HRSA Drug Code | ServiceLineItem | hrsaDrugCode | Screens, Reports | 1 | * (HRSA Drug List) | Service Line Item | 76 | Client Detail - Services | Y) | Y Y | YY | Y | Y Y | Y | Y Y | 9 |
| | Service Line Item | | ServiceLineItem | | Screens, Reports | 1 | \$Nnnn.nn | Service Line Item | 76 | Client Detail - Services | Y | Y | YY | Ť | YY | Y | | 9 Per issue #349 |
| | | Direct Collections | ServiceLineItem | | Screens, Reports | | \$Nnnn.nn | Service Line Item | | Client Detail - Services | Y | Y IY | YY | | | Y | | 9 |
| | | 3rd Party Reimbursement | ServiceLineItem | | Screens, Reports | | \$Nnnn.nn | Service Line Item | | Client Detail - Services | Y | Y | ĖΪ | Υ | Ť | Υ ` | Ť | 9 |
| | | Other Payment Source | ServiceLineItem | otherPaymentSource | Screens, Reports | A C | \$Nnnn.nn | Service Line Item | 76 | Client Detail - Services | Y | YY | YY | Υ | YY | Y | / Y | 9 |
| 442 | Agency | Agency Full Name | Agency | name | Screens, Reports | + | Text | Agency General Info | 120 | Agency Detail | YY | YY | YY | Υ | YY | Y | / Y | 9 |
| 443 | Agency | Agency Short Name | Agency | shortName | Screens | + | Text | Agency General Info | 120 | Agency Detail | ++ | + | \vdash | + | + | + | + | 0 |
| 444 | Agency | Agency Website | Agency | website | Screens | + | Text | Agency General Info | 120 | Agency Detail | ++ | + | \vdash | + | \vdash | ++ | + | 0 |
| 444A | Agency | Acuity Tool Website | Agency | acuityToolLink | Screens | с | Text | Agency General Info | 120 | Agency Detail | \perp | \perp | \sqcup | \perp | \sqcup | \perp | _ | |
| 445 | Agency | Taxpayer ID | Agency | taxpayerID | Screens, Reports | \perp | Text | Agency General Info | 120 | Agency Detail | Y | Y | Ш | \perp | \sqcup | 11 | 1 | 1 |
| 456 | Agency | Provider Contact Name | Agency | contactName | Screens, Reports | c | Text | Agency General Info | 120 | Agency Detail | Y | Y Y | \sqcup | \perp | Ш | Ш | _ | 1 |
| 457 | Agency | Provider Contact Title | Agency | contactTitle | Screens, Reports | С | Text | Agency General Info | 120 | Agency Detail | Y | r Y | Ш | | Ц | Ш | | 1 |
| 458 | Agency | Provider Contact Telephone Number | Agency | contactPhone | Screens, Reports | c | Nnn-nnn-nnnn | Agency General Info | 120 | Agency Detail | Y | ΥY | | | | | | 1 |
| | Agency | Provider Contact FAX Number | Agency | contactFax | Screens, Reports | С | Nnn-nnn-nnnn | Agency General Info | 120 | Agency Detail | Y | Υ | | | | | | 1 |
| | Agency | Provider Email | Agency | | Screens, Reports | С | Text | Agency General Info | 120 | Agency Detail | Y | r r | Y | Υ | YY | Y | Y | 8 |
| | Agency | Provider Notes | Agency | notes | Screens | | Text | Agency General Info | 120 | Agency Detail | | | | | | | | 0 |
| 672 | Agency | EMA Number | Agency | emaNumber | Screens, Reports | \mp | Text | Grantee Edit | | Agency Detail | Υ | Υ | H | Ħ | Ħ | Ħ | | 1 |
| 445B | Agency | Agency Provider 1 | Agency | agencyProviderID1 | Screens, Reports | Α | Text | Agency General Info | 120 | Agency Detail | Υ | | | Υ | Y | | | 3 |

| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Citaliged 03/0 i/04 | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht | RFP/NMS | CADR | HOPWA | CARE/HIPP | MCWP | CARE SVC RPT | WICY | state de la comments |
|------------|------------------|--|--|---------------------------------|--------------------------------------|-------------------|---------------------|---|--|---------------------------------------|--------------------------------|------------------|------------|------|------------|------------------|----------|--------------|----------|---|
| 445C | Agency | Agency Provider 2 | Agency | agencyProviderID2 | Screens, Reports | А | _ | Text | Agency General Info | 120 | Agency Detail | Υ | | | Y | Y | Υ | | Ш | 3 |
| 462 | Agency | Provider Site Name | Site | name | Screens, Reports | | | Text | Agongy Sitos | 121 | Agongy Dotail | | | , | YY | Y | | Y | | Sites include the mandatory Main Location and |
| 462 | Agency | Provider Site Name Provider Site Code | Site | code | Screens, Reports | | | Text | Agency Sites Agency Sites | | Agency Detail Agency Detail | Y | 7 T | +- | Y | | 1 | 1 1 | T | 8 0 to many other sites |
| 464 | Agency | Provider Site Street Address | Site | addressID | Screens, Reports | | | Text | Agency Sites | 121 | Agency Detail | | YY | | YY | Υ | Υ | YY | Υ | 8 |
| | | Provider Site Street Address Line | | | | | T | | | | | | | | | | | | | |
| 465 | Agency | 2 | Site | addressID | Screens, Reports | | | Text | Agency Sites | 121 | Agency Detail | | YY | | YY | | | | | 8 |
| | Agency Agency | Provider Site City Provider Site State | Site Site | addressID addressID | Screens, Reports Screens, Reports | | | Text Text | Agency Sites Agency Sites | | Agency Detail Agency Detail | | YY | _ | Y Y Y Y | Y | Y | YY | Y | 8 |
| 468 | Agency | Provider Site Zip Code | Site | addressID | Screens, Reports | | - | Vnnnn | Agency Sites | | Agency Detail | | YY | | YY | Y | Y | YY | Y | 8 |
| | | | | | | | | San Bernardino | , general control | | | | | 1 | Ė | Ť | Ė | Ť | H | |
| | | | | | | | | San Francisco | | | | | | | 1 | - | | | 1 | Each Partner will load the Counties for their |
| 469 | Agency | Provider Site Main Site County Provider Site Main Site | Site | addressID | Screens, Reports | | Ι, | Other | Agency Sites | 121 | Agency Detail | | \vdash | - | - | - | ΙΥ | - | + | 1 area |
| 470 | Agency | Geographic Area | Site | addressID | Screens | | - | Text | Agency Sites | 121 | Agency Detail | | | | | | | | | 0 |
| | | Coograpiiio | - CAG | danosis | Corcono | | Ť | | rigority Citot | 12. | rigorioy Dotaii | | | + | | + | Н | + | | 1 |
| 471 | Agency | Provider Site Phone Number 1, 2 | Site | phone1, phone2 | Screens, Reports | | _ 1 | Nnn-nnn-nnnn | Agency Sites | 121 | Agency Detail | Y | Y | Ш. | | | Ш | | | 0 |
| | | | | | | | | Main | | | | | | | | | | | | |
| 470 | Agency | Provider Site Phone Number 1, 2 Type | Site | phoneType1, phoneType2 | Screens, Reports | | : | Fax | Agency Sites | 121 | Agency Detail | v | | | | | | | | |
| 412 | Agency | Type | One - | prone type t, prone typez | outeons, reports | | | HOPWA CARE Title I CARE Title 2 CARE Title 3 CARE Title 4 FEMA Other | | 121 | Agency Detail | | | | | | | | | |
| 395 | Contract Set-Lin | Funding Source Name | FundingSource | name | Screens, Reports | | | Unrestricted | Agency Funding Sources | 123 | Agency Detail | v | V V | | YY | | V . | v | V | 9 IM 113, add Title 3/4/Other |
| 333 | Contract Cet-Op | I didnig Source Name | T unumgoodice | name | Ocidens, Reports | \vdash | + | Unicatioled | Agency Funding | 125 | Agency Detail | - 1'- | H. | +÷ | H. | + ' - | | | | Jim 115, add Title 5/4/Other |
| 396 | Contract Set-Up | Funding Source ID | FundingSource | granteeNumber | Screens, Reports | | ŀ | Text | Sources | 123 | Agency Detail | Y | YY | Y | YY | Y | Y | Y | Y | 9 |
| | | | | | | | Т | | Agency Funding | | | | П | Т | | T | | Т | П | |
| 397 | Contract Set-Up | Funding Source Notes | FundingSource | notes | Screens, Reports | | - | Text | Sources | 123 | Agency Detail | Y | YY | Y | YY | Y | Y | YY | Y | 9 |
| | Contract Set-Up | | Contract Contract | contractName fundingSourceID | Screens, Reports | | | Text ' (funding sources list) | Agency Contracts | | Agency Detail | | Y Y Y Y | | YY | | | | | 8 |
| 400 | Contract Set-Up | Contract Funding Source Contract Number | Contract | contractNumber | Screens, Reports Screens, Reports | | | (unding sources list) Text | Agency Contracts Agency Contracts | | Agency Detail Agency Detail | | YY | | YY | Y | Y | YY | Y | 8 |
| | | Start Date of Contract | Contract | startDate | Screens, Reports | | | Mm/dd/yyyy | Agency Contracts | | Agency Detail | | YY | | YY | | | | | 8 |
| 402 | Contract Set-Up | End Date of Contract | Contract | endDate | Screens, Reports | | Ī | Mm/dd/yyyy | Agency Contracts | 124 | Agency Detail | Y | YY | | YY | Y | Y | YY | Y | 8 |
| 403 | Contract Set-Up | Contract Amount | Contract | amount | Screens, Reports | | _ 5 | \$nnnnn.nn | Agency Contracts | 124 | Agency Detail | Y | YY | | YY | Υ | Υ | ΥY | Υ | 8 |
| 404 | Contract Set-Up | Programs | AgencySubservice | program | Screens, Reports | С | - + | (Partner defined list from Service Hierarchy.xml) (Partner defined list from Service | Agency Primary Services Agency Primary | 125 | Agency Detail | Υ | Y | 4 | ΥY | Y | Υ | ΥY | Υ | 8 This list will be defined by HRSA but each |
| 405 | Contract Set-Up | Primary Services | AgencySubservice | primaryService | Screens, Reports | с | | Hierarchy.xml) * (Partner defined list from Service | Services Agency Primary | 125 | Agency Detail | Y | ΥY | - | YY | Y | Υ | YY | Υ | 8 Provider can add to the list. |
| 406 | Contract Set-Up | Secondary Services | AgencySubservice | secondaryService | Screens, Reports | С | + | Hierarchy.xml) | Services | 125 | Agency Detail | Υ | YY | - | YY | Y | Υ | Y Y | Υ | 8 each subservice tied to one partner secondary |
| 407 | Contract Set-Up | Subservices | AgencySubservice | subservice | Screens, Reports | c | | (to be created by agency) | Agency Subservices | 126 | Agency Detail | Y | YY | ' | YY | Y | Υ | ΥY | Υ | 8 service |
| 409 | Contract Set-Up | Subservice Unit | AgencySubservice | measurementUnit | Screens, Reports | | ŀ | Гехт | Agency Subservices | 126 | Agency Detail | Υ | ΥY | 1 | ΥY | Y | Υ | YY | Υ | 8 |
| 410 | Contract Set-Up | Subservice Default Quantity | AgencySubservice | defaultUnitsOfService | Screens, Reports | | 1 | Nnn | Agency Subservices | 126 | Agency Detail | Υ | ΥY | - | YY | Y | Υ | YY | Υ | 8 |
| 411 | Contract Set-Up | Subservice Default Price | AgencySubservice | defaultRateForUnitOfService | Screens, Reports | | - | Nnnn.nn | Agency Subservices | 126 | Agency Detail | Υ | ΥY | 4 | ΥY | Y | Υ | Y Y | Υ | 8 |
| 412 | Contract Set-Up | Subservice Contracts | Contract_AgencySubservice | contractID | Screens, Reports | | 1 | (contract list) | Agency Subservices | 126 | Agency Detail | Y | Y | + | YY | Y | Υ | YY | Υ | 8 1 to many contracts |
| 413 | Contract Set-Up | Subservice UOS Goal | AgencySubservice | uosGoal | Screens, Reports | | - | Nnnn | Agency Subservices | 126 | Agency Detail | Υ | Y | + | YY | Y | Υ | YY | Υ | 8 |
| | | Subservice UDC Goal | AgencySubservice | udcGoal | Screens, Reports | | П | Nnnn | Agency Subservices | 126 | Agency Detail | Y | YY | + | YY | Y | Y | YY | Y | 8 |
| | | Subservice Budget | AgencySubservice | budget | Screens, Reports | | Ť | \$Nnnn.nn | Agency Subservices | 126 | Agency Detail | Y | YY | - | YY | Y | П | YY | Y | 8 |
| 416 | | Subservice Notes Staff First Name | AgencySubservice Staff | notes firstName | Screens, Reports Screens, Reports | C | | Text Text | Agency Subservices Staff | 126 131 | Agency Detail Staff Detail | Y | YY | + | YY | Y | Y | YY | Y | 8 |
| 422 | | Staff Last Name | Staff | lastName | Screens, Reports | \vdash | | Text | Staff | | Staff Detail | | YY | + | + | + | Н | + | + | 1 |
| 424 | | Staff Title | Staff | title | Screens, Reports | \vdash | | Text | Staff | 131 | Staff Detail | | YY | - | \vdash | + | | + | + | 1 |
| | | | | | | | 1. | Full Time Part Time | | | | | | | | | | | | |
| 425 426 | Staff | Staff Employment Status Staff FTE | Staff Staff | employmentStatus FTF | Screens, Reports | \vdash | | Volunteer | Staff Staff | 131 | Staff Detail Staff Detail | Y | Y | + | \vdash | + | \vdash | + | \sqcup | UI . |
| 426 | | Staff Telephone Number | Staff | phone | Screens, Reports Screens, Reports | \vdash | | N.nnn Nnn-nnn-nnnn | Staff | 131 | Staff Detail | | YY | - | + | + | \vdash | + | + | 1 |
| 428 | | Staff Fax Number | Staff | fax | Screens, Reports | | | Nnn-nnn-nnn | Staff | 131 | Staff Detail | Y | | + | + | + | Н | + | + | ö |
| 429 | Staff | Staff Email | Staff | email | Screens, Reports | | 1 | Text | Staff | 131 | Staff Detail | Y | | | | I | | 工 | | 0 |
| 430 | Staff | Primary Site | Staff | siteID | Screens, Reports | | | (agency site list) | Staff | 131 | Staff Detail | Y | Y | | | | | | | 0 |
| 431 | | Staff Notes | Staff | notes | Screens, Reports | | | Text | Staff | 131 | Staff Detail | Y | | F | П | I | П | 工 | П | 0 |
| 432 | | Staff Login | Staff Ct-# | login | Screens, Reports | \vdash | | Text | Staff | | Staff Detail | Y | Y | - | \vdash | + | \vdash | + | \vdash | 0 |
| 433 434 | | Staff Password Staff Short Name | Staff Staff | password shortName | Screens, Reports Screens, Reports | \vdash | | Text Text | Staff Staff | 131 131 | Staff Detail Staff Detail | Y | | + | + | + | Н | + | + | UI. |
| 434 | <u> </u> | S. O. O. C. NORTH | - Control of the Cont | on server (III) | jediceria, ixepolis | | | Client Search New Service Staff Search | | | Ottan Dotaii | i | | T | | | | | | |
| 435 | Staff | Staff Home Page | Staff | homePage | Screens, Reports | | j. | Agency Search Appointment | Staff | 131 | Staff Detail | Υ | Y | | | | | | | o |

| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Answer Options | Screen Collected | Screen Collected Page Number | l Screen Displayed | 05/27/03 SprdSht | CADR | HOPWA | CARE/HIPP | MCWP | CARE SVC RPT Programmatic | WICY In Compliance Ruts | Comments |
|--------|----------------|--|---------------------|----------------------|--------------------|-------------------|---|--------------------------------------|---------------------------------------|-----------------------------|------------------|-----------------------------|---------|-----------|-------------|---------------------------|----------------------------|---|
| 436 | Staff | Staff Role | Staff | userGroupID | Screens, Reports | | EIP Team Members Peer Advocate Data Entry Case Manager Agency Management ARIES Administrator Medical Ancillary Services Receptionist I Appointments | Permissions | 132 | Staff Detail | YY | | | | | | | Will depend on how security is defined in O ARIES. |
| | | | | | | | * Client URN Elements * Eligibility Documents * Share Status | | | | | | | | | | | |
| 437 | Staff | Staff Function Category | Staff_Permissions | permissionID | Screens, Reports | - | * | Permissions | 132 | Staff Detail | YY | ++ | + | + | Н | | + | 0 |
| 438 | Staff | Staff Function Category Can View | Staff_Permissions | canView | Screens, Reports | | * Yes/No | Permissions | 132 | Staff Detail | YY | | | | | | | 0 |
| 439 | Staff | Staff Function Category Can Edit | t Staff Permissions | canChange | Screens, Reports | | * Yes/No | Permissions | 132 | Staff Detail | v v | П | | | | | | 0 |
| | | Staff Function Category Can | | | | _ | | | | | i i | $\dagger \dagger$ | \top | + | П | | \top | |
| 440 | | Create Staff Function Category Can | Staff_Permissions | canCreate | Screens, Reports | - | * Yes/No | Permissions | 132 | Staff Detail | YY | + | + | - | Н | | + | 0 |
| | Staff | Obsolete | Staff_Permissions | canObsolete | Screens, Reports | | * Yes/No | Permissions | 132 | Staff Detail | YY | Ш | \perp | | \sqcup | \perp | \perp | o |
| 14 | Enrollment | Client in crisis Related/Affected Individual Race | | - | Screens E | - | * Yes/No | Agency Specifics Related or Affected | ļ | Client Detail - Demo. | ++ | + | ++ | + | \vdash | + | + | U . |
| 80 | Intake | 2 | | | Screens, Reports | | * (major race list) | Individual | | Client Detail - Demo. | | | , | | | | | 1 |
| 82 | Intake | Related/Affected Individual HIV Exposure | | | Screens [| , | * (hiv exposure category) | Related or Affected Individual | | Client Detail - Demo. | | | | | | | | |
| | | | | 1 | | _ | (niv exposure category) | Related or Affected | | | +++ | + | + | + | Н | + | + | 0 |
| 83 | Intake | Related/Affected Individual Notes Related/Affected Individual | S | | Screens [| | Text | Individual Related or Affected | | Client Detail - Demo. | 1-1- | ++ | | - | Н | | + | 0 |
| 89 | | Geographic Area | | | Screens [| - l | * (Geog Code List) | Individual | | Client Detail - Demo. | | | | | | | | 0 |
| - | | Related/Affected Individual | | | | | 1 | Related or Affected | | | | П | | | | | | |
| 91 | Intake | Phone 2 Related/Affected Individual HIV | | <u> </u> | Screens, Reports E | - | Nnn-nnn-nnnn | Individual Related or Affected | | Client Detail - Demo. | Y | + | + | + | Н | | + | 0 |
| | Intake | Status | | | Screens, Reports | | * (cdc disease stage list) | Individual | | Client Detail - Demo. | | Y | , | | | | | 2 |
| 97 | Intake | If Homeless, how many days? | | ļ | Screens [| | Text | Living Situation | | Client Detail - Demo. | ++ | + | + | - | Н | - | + | 0 |
| 114 | Intake | Major Race 4 | | | Screens, Reports | o | OMB Races | Basic Demographics | | Client Detail - Demo. | YY | Y | / Y | Y | Y | | | 6 Added compliance reports |
| 110 | Intake | Minor Race 4 | | | Screens, Reports [| | * List of countries from State of CA | Basic Demographics | | Client Detail - Demo. | | | , , | YY | V | | | 5 Added compliance reports |
| 110 | illake | WIIIOI Race 4 | | | Scieens, Reports | | * Read * Write * Read And Write | Basic Demographics | | Ciletit Detail - Detilo. | | Ħ | | | ľ | | | 3 Added compliance reports |
| 120 | Intake | Primary Language Literacy | | <u> </u> | Screens [| | * Neither | Basic Demographics | | Client Detail - Demo. | | $\perp \perp$ | | _ | Ш | | _ | 0 |
| 122 | 2 Intake | Secondary Language Literacy | | | Screens [| | * Read * Write * Read And Write * Neither | Basic Demographics | | Client Detail - Demo. | | | | | | | | 0 |
| | , mano | | | | COROCIO | | Troutor | - Badio Bomograpino | | Onork Botton Borno: | TT | $\dagger \dagger$ | \top | + | Ħ | | \top | Now part of Source of Insurance; refactored |
| 148 | Intake | Does client have health Insurance? | | | Screens, Reports | , | * Yes/No | Health Insurance | | Client Detail - Eligibility | V | _v _v | , | | | | | elements worksheet to reflect current screen 2 design. |
| | | | | | | | * Private insurance * Medi-Cal/Medicaid * Veteran * Medicare | | | , | | | | | | | | Add "Yes, Primary" to all options for Insurance Types; refactored elements worksheet to |
| 149 | Intake | Primary Insurance | | | Screens, Reports D | | * Other public insurance * Yes * No | Health Insurance | | Client Detail - Eligibility | YY | Y | | Y | Y | | ł | 4 reflect current screen design. Modified compliance reports; refactored |
| 45- | | Does client have | | | S | | * Pending | Health Is | | Client Date: Francis | | | , | | | | | elements worksheet to reflect current screen |
| 150 | Intake | Medicaid/MediCAL? | | | Screens, Reports [| | * Unknown * Full Scope * Shared Type * Managed * Restricted * Baby | Health Insurance | | Client Detail - Eligibility | TY | T | | Y | | | | 3 design. refactored elements worksheet to reflect |
| 151 | Intake | Medicaid/MediCAL Type | | | Screens, Reports | | * DentiCAL | Health Insurance | | Client Detail - Eligibility | Y | Ш | | \perp | | | \perp | 0 current screen design. |
| | | Medicaid/MediCAL Policy Number | | | Screens, Reports [| 、Γ | Text | Health Insurance | | Client Detail - Eligibility | | П | | | П | | | refactored elements worksheet to reflect 0 current screen design. |
| | | | <u> </u> | <u> </u> | | | | | | | ++' | + | + | + | \Box | + | + | refactored elements worksheet to reflect |
| 153 | Intake | Medicaid/MediCAL Date of Issue | | | Screens, Reports [| | Mm/dd/yyyy | Health Insurance | | Client Detail - Eligibility | | | | Y | | | | 1 current screen design. If pending, then collect eligible/effective/application date in note; |
| 154 | Intake | Medicaid/MediCAL Note | | | Screens, Reports [| | text * Yes * No | Health Insurance | | Client Detail - Eligibility | YY | \parallel | | Y | \parallel | | - | refactored elements worksheet to reflect 1 current screen design. Modified compliance reports; refactored |
| 155 | Intake | Does client have MediCare? | | | Screens, Reports | | Pending Unknown Medicare A | Health Insurance | | Client Detail - Eligibility | Y | Y | | | П | | - | elements worksheet to reflect current screen 2 design. refactored elements worksheet to reflect |
| 156 | Intake | MediCare Type | | <u> </u> | Screens, Reports | | * Medicare A & B | Health Insurance | | Client Detail - Eligibility | Y | Ш | Ш | \perp | | | | 0 current screen design. |
| 157 | Intake | MediCare Policy Number | | | Screens, Reports [| | Text | Health Insurance | | Client Detail - Eligibility | LY | Ш | | \perp | | | | refactored elements worksheet to reflect 0 current screen design. |
| | | | | | | | | | | | | | | | | | | If MediCare Type=Managed, add carrier to note; if =Shared, enter amount in note; refactored elements worksheet to reflect |
| 158 | Intake | MediCare Note | - | - | Screens [| 2. | Text * Yes | Health Insurance | | Client Detail - Eligibility | ++ | + | + | - | \vdash | - | + | 0 current screen design. |
| 159 | Intake | Does client have ADAP? | | | Screens [| | * No * Pending * Unknown | Health Insurance | | Client Detail - Eligibility | | | | | | | | refactored elements worksheet to reflect 0 current screen design. |
| | | | 1 | 1 | , | | 1 | , | | Engioility | | | | | 4 | | _ | |

| 25- | | | | | Add/Delete/Change | | | Screen Collected | | 103 SprdSht | ~ | ٧A | CARE/HIPP | SVCRPT | ammatic | Compliance Rpts |
|--------------------------------|---|---------------------|----------------------|--------------------|-------------------|--|---------------------|---------------------|--|--------------------|--------------|--------|-------------------|-------------------|-----------|---|
| ARIES Function | on Data Element | Database Table Name | Database Column Name | Field Status | Add/I | Answer Options | Screen Collected | Page Number | Screen Displayed | 05/27/03 RFP/NM | SPE | | CARE | CARE | WICY | Ö ⊆ Comments |
| 160 Intake | ADAP Policy Number | | | Screens | D | Text | Health Insurance | | Client Detail - Eligibility | | | | | | | refactored elements worksheet to reflect 0 current screen design. |
| 161 Intake | ADAP Note | | | Screens | D | Text | Health Insurance | | Client Detail - Eligibility | | Ħ | | $\top \top$ | | | refactored elements worksheet to reflect 0 current screen design. |
| 161 Intake | ADAP Note | | | Screens | | * Yes | Health Insurance | | Client Detail - Eligibility | | H | + | ++ | + | + | |
| 162 Intake | Does client have other Public Insurance? | | | Screens, Reports | D | * No * Pending * Unknown * Veterans | Health Insurance | | Client Detail - Eligibility | Y | Y Y | | Ш | Ш | | Public insurance 1, 2; modified compliance reports; refactored elements worksheet to 2 reflect current screen design. |
| 163 Intake | Public Insurance Type | | | Screens, Reports | D | * County sponsored * CMSP * CHAMPUS | Health Insurance | | Client Detail - Eligibility | , | | | | | | refactored elements worksheet to reflect Olcurrent screen design. |
| 164 Intake | Public Insurance Policy Number | | | | D | Text | Health Insurance | | Client Detail - Eligibility | İ | Ħ | | $\top \top$ | Ħ | | refactored elements worksheet to reflect Ocurrent screen design. |
| | | | | Screens | | | | 1 | | | \vdash | + | $\pm\pm$ | | + | refactored elements worksheet to reflect |
| 165 Intake | Public Insurance Note | | | Screens | D | * Yes | Health Insurance | | Client Detail - Eligibility | | H | + | ++ | + | + | 0 current screen design. |
| 166 Intake | Does client have private insurance? | | | Screens, Reports | D | * No * Pending * Unknown | Health Insurance | | Client Detail - Eligibility | Y Y | YY | | Y | | | refactored elements worksheet to reflect 3 current screen design. |
| | | | | | | * Blue Cross * Kaiser | | | | | | | | | | |
| 167 Intake | Private Insurance Carrier | | | Screens, Reports | D | * Aetna * Other | Health Insurance | | Client Detail - Eligibility | YY | _Y | , | Y | | | refactored elements worksheet to reflect 2 current screen design. |
| | | | | | | * COBRA * OBRA | | | | | П | | П | | | |
| | | | | | | * Cal-COBRA * HIPIC | | | | | | | | | | |
| | | | | | | * Conversion (Rx) | | | | | | | | | | refactored elements worksheet to reflect |
| 168 Intake | Private Insurance Type | | | Screens, Reports | D | * Private Self-pay | Health Insurance | | Client Detail - Eligibility | | YY | | Y | + | + | 3 current screen design. Modified compliance reports; refactored |
| 169 Intake | Private Insurance Policy Number | | | Screens, Reports | D I | Text | Health Insurance | | Client Detail - Eligibility | Y | | | \ \ \ \ \ | | | elements worksheet to reflect current screen 1 design. |
| 170 Intake | Private Insurance Monthly | | | | | | | | Client Detail - Eligibility | , | | \top | Y | | \forall | refactored elements worksheet to reflect |
| 170 Intake | Premium | | | Screens, Reports | D | \$Nnnn.nn | Health Insurance | - | Client Detail - Eligibility | Y | 1 | + | - Y - | + | + | 2 current screen design. Use Note for Other Carrier or Other Type; |
| | | | | | | | | | | | | | | | | modified compliance reports; refactored elements worksheet to reflect current screen |
| 171 Intake | Private Insurance Note | | | Screens, Reports | D | Text | Health Insurance | | Client Detail - Eligibility Client Detail - Risk | | Н | + | Y | | + | 1 design. |
| 289 Intake | Current Substance Abuse | | | Screens, Reports | D | * Yes/No/Unknown | Risk Factors | | Factors | YY | Ш | | $\perp \perp$ | $\perp \perp$ | Ш | 0 Modified compliance reports |
| 295 Intake | Current Mental Health | | | Screens, Reports | D. | * Yes/No/Unknown | Risk Factors | | Client Detail - Risk Factors | ΥY | Ш | | | | | 0 Modified compliance reports |
| 342 Care Plan | Referral Type - Agency Category | | | Screens, Reports | D | * (Agency defined list) | Referral | | Client Detail - Care Plan | Υ | _Y | , | | | | Modified compliance reports; not part of 1 referral service hierarchy |
| 473 EIP | Site Name | | | Screens | D | * (agency site list) | EIP Enrollment | | Client Detail - Programs | | | | | | | 0 |
| 474 EIP | RRS Name | | | Screens | D | Text | EIP Enrollment | | Client Detail - Programs | | П | | $\top \top$ | | П | |
| | | | | | | * Yes | | | | | H | \top | $\top \top$ | + | \forall | 0 |
| 475 EIP | HIV Treatment | | | Screens | D | * No/NA * Yes | EIP Enrollment | | Client Detail - Programs | | H | | ++ | ++ | + | 0 |
| 476 EIP | Prophylactic TX | | | Screens | D | * No/NA * Yes/Specify | EIP Enrollment | | Client Detail - Programs | | ₩ | + | ++ | $\dashv \dashv$ | + | 0 |
| 477 EIP | Other (Specify) | | | Screens | D | * No/NA | EIP Enrollment | | Client Detail - Programs | | Н. | | \dashv | | \perp | 0 |
| 478 EIP | Other Detail | | | Screens | D | Text | EIP Enrollment | | Client Detail - Programs | | Ш | | 44 | | Ш | 0 |
| 480 EIP | History of STD's | | | Screens | D | * Yes/No | EIP Enrollment | | Client Detail - Programs | | Ш | | | | | 0 |
| | | | | | | * No, not clinically indicated * No, client is already on ART | | | | | | | | | | |
| | Was the client on any new Anti- Retroviral therapy for the first | | | | | * Yes * Yes, but client declined therapy | | | | | | | | | | Per IM 150 |
| 603 CMP Program | time during this reporting visit? | | | Screens, Reports | D | * Unknown | СМР | | Client Detail - Programs | YY | Ш | | r \ | / | Ш | 2 Added compliance reports |
| 648 CARE/HIPP | Number of related Infants tested for HIV | | | Screens, Reports | D | Nn | CARE/HIPP | | Client Detail - Programs | Υ | | | | | | Per IM 137 Removed from CARE/HIPP. Derived from Newborn testing in Pregnancy. |
| 660 CADR | Direct collections from patients for costs of primary care | | | Screens, Reports | D C | \$Nnnn | CADR | | CADR | | Υ | | | | | 1 Element added to SLI screen |
| 661 CADR | Direct collections from patients for costs of Other Program | | | Screens, Reports | D C | \$Nnnnn | CADR | | CADR | | Y | | - | \perp | \perp | 1 Element added to SLI screen |
| 662 CADR | Reimbursements from third party payer for costs of primary care | | | Screens, Reports | D C | \$Nnnn | CADR | | CADR | | Υ | | | | | 1 Element added to SLI screen |
| 663 CADR | Reimbursements from third party payer for costs of Other Program | | | Screens, Reports | D C | \$Nnnn | CADR | | CADR | | Y | | | | | 1 Element added to SLI screen |
| 664 CADR | All other sources of income for costs of primary care | | | Screens, Reports | | | CADR | | CADR | | \ \ | | \top | П | | 1 Element added to SLI screen |
| | All other sources of income for | | | | | | | | | \vdash | ĽŤ | + | $\forall \dagger$ | $\forall \forall$ | + | |
| 665 CADR | costs of Other Program Family size at the time of | | | Screens, Reports | ТТ | | CADR | | CADR | \vdash | Y+ | + | ++ | + | + | 1 Element added to SLI screen |
| 674 Intake 5/27/03 | enrollment MD Sent copy/notified of | | | Reports | D | Nn | | | | Y | \vdash | + | ++ | + | + | 0 Was ? Status but now D |
| 675 Spreadsheet 676 Reports | contents of initial plan EIP Alpha ID | | | Reports Reports | D D | | | | | Y | H | + | + | ++ | + | 0 Was ? Status but now D |
| 5/27/03 | STI Treatments, How was | | | | ТТ | <u> </u> | | | | | ΗŤ | + | ++ | + | + | + |
| 677 Spreadsheet | Diagnosis made? | | | Reports | D | 1 | | | | Y | Ш | | | | \perp | 0] |

| | | | | | ange | 94 | | | | 3 | į - | T | | Ī | | | | Rpts |
|--------------------------------------|---|---------------------|----------------------|-----------------------------|-------------------|------------------|---|---------------------|---------------------------------------|-------------------------|---------|---------|----------|--------|--------------|--------------|--------------|---|
| # E ARIES Functio | on Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Changed 03/01/04 | Answer Options | Screen Collected | Screen Collected Page Number | Screen Displayed | RFP/NMS | CADR | НОРМА | CMP | MCWP | CARE SVC RPT | Programmatic | Comments |
| 5/27/03 | Substance Abuse Treatment, | | | | | | | | | | | | | | | | | |
| 678 Spreadsheet 5/27/03 | Days Waiting to enter treatment Substance Abuse, problem | | | Reports | P | + | | | | Y | + | + | + | + | + | H | + | 10 |
| 679 Spreadsheet | defining drug | | | Reports | D | 4 | | | ļ | Y | | _ | | 4 | Ļ | Ш | 4 | 0 |
| 5/27/03 | Substance Abuse, DSM Diagnosis code (problem | | | | | | | | | | | | | | ı | H | | |
| 680 Spreadsheet | defining) | | | Reports | D | 4 | | | | Y | | 4 | | _ | ┸ | Ш | | 0 |
| 5/27/03 681 Spreadsheet | Substance Abuse, Psychiatric problem in addition to? | | | Reports | D | | | | | | | | | | | | | |
| 5/27/03 | Substance Abuse, Route of | | | | | T | | | | | | 1 | | T | T | П | | |
| 682 Spreadsheet 5/27/03 | administration Substance Abuse, use of | | | Reports | D | + | | | | Y | _ | + | | + | + | H | + | 0 |
| 683 Spreadsheet | methadone planned? | | | Reports | D | | | | | Y | | | | | | | | 0 |
| 684 NMS Document | t Residence Condition Score t ADAP Diagnosis Code | | | Reports Reports | D D | + | | | - | | Y | + | + | + | + | H | + | 0 |
| | Month/Year of Most Recent | | | | | + | | | | | Ť. | + | | 1 | t | H | + | 1 |
| 686 NMS Document | t (ADAP) Diagnosis t Eligibility Start Date - ADAP | | | Reports | D D | + | | 1 | | | Y | + | \vdash | + | + | Н | + | 0 |
| 688 NMS Document | t Eligibility End Date | | | Reports Reports | D D | \pm | | | | | Y | + | | + | $^{+}$ | H | + | 0 |
| 689 NMS Document | t Employer | | | Reports | | + | | | | | Y | + | \perp | 4 | + | Н | + | 0 |
| 691 NMS Document | t Number of Dependents t Client is a mother | | | Reports Reports | D D | + | | | - | | Y | + | + | \pm | $^{+}$ | H | + | 0 |
| 692 NMS Document | Date of Initial Dental Exam | | | Unresolved | D | \neg | | | | | Y | \neg | | 1 | F | П | 1 | 0 in service detail |
| 693 NMS Document 694 NMS Document | | | | Reports Reports | D D | + | | | - | | Y | + | + | + | + | \vdash | + | 0 |
| 695 NMS Document | d Grief Loss Stressors | | | Reports | D | | | | | | Y | | | 1 | t | | | 0 |
| 696 NMS Document | t History of Psychosis t History of Depression | | | Reports Reports | D D | + | | | | | Y | + | + | + | + | H | + | 0 |
| 698 NMS Document | Other Mental Health Issues | | | Reports | D | | | | | | Υ | | | | | | | 0 |
| 699 NMS Document 5/27/03 | t Substances Abused | | | Reports | D | + | | | | | Υ | + | | + | + | H | + | 0 |
| 700 Spreadsheet | IDIS Account ID | | | Reports | D | | | | | Y | | | | | | | | 0 |
| 5/27/03 701 Spreadsheet | Medication 2 Dosage Compliance | | | Danasta | D | П | | | | | | | | T | Т | П | | |
| 5/27/03 | Medication 3 Dosage | | | Reports | | \pm | | | | | + | + | | + | $^{+}$ | H | + | |
| 702 Spreadsheet | Compliance | | | Reports | D | \perp | | | | Y | | \perp | \perp | 4 | \perp | Ш | 4 | 0 |
| 5/27/03 703 Spreadsheet | Provider/Agency LHD Number | | | Reports | D | | | | | Y | | | | | | | | 0 |
| 5/27/03 | Provider/Agency Master | | | | | T | | | | | | 1 | | T | T | П | | |
| 704 Spreadsheet 705 Intake | Agreement Number Detail Mental Health Condition | | | Reports Unresolved | D D | ٠, | Text | | | Y | Y | + | + | + | + | \vdash | + | 0 |
| 706 Intake | Detail Mental Health History | | | Unresolved | D | ٦ | Text | | | | Y | 4 | | Y | ļ | | 4 | 1 |
| 707 Intake 708 Intake | Attempted Suicide How Attempted Suicide | | | Unresolved | D D | | * Yes/No/Unknown Text | | | | Υ | + | + | + | + | H | + | 0 |
| 709 Intake | Reasons Currently in Crisis | | | Unresolved | D | 7 | Text | | | | | 1 | | 1 | I | | | 0 |
| 710 Intake | Currently in psychotherapy? Reason Currently in | | | Unresolved | D | ۲ | * Yes/No/Unknown | | | | + | + | + | + | + | H | + | 0 |
| 711 Intake | psychotherapy | | | Unresolved | D | _ 1 | Text | | | | | | | 4 | | Ш | | 0 |
| 712 Intake | Name of Psychotherapy Clinician | | | Unresolved | D | - - | Text | | | | | | | | | | | |
| 713 Intake | Seeing Psychiatrist? | | | Unresolved | D | | * Yes/No/Unknown | | | | | | | | | | | 0 |
| 714 Intake 715 Intake | Reason Seeing Psychiatrist Name of Psychiatrist | | | Unresolved Unresolved | D D | | Text Text | | - | | + | + | + | + | + | H | + | 0 |
| | 1 | | | Onicsolved | - | Τ, | | | | | | $^{+}$ | | 1 | $^{+}$ | H | + | 1 |
| 716 Intake | Primary Language - Write | | | Screens | D | ١. | * Yes/No/Unknown | Basic Demographics | | Client Detail - Demo. | | + | | - | + | | - | 0 |
| 717 Intake | Secondary Language - Write | | | Screens | D | - | Yes/No/Unknown | Basic Demographics | | Client Detail - Demo. | | | | | L | | | 0 |
| 718 Intake | Special Needs - Vision | | | Screens | D | | * Yes/No | Basic Demographics | | Client Detail - Demo. | | | | | | | | |
| | | | | Scieeris | | $^{+}$ | 169/110 | | 1 | | | + | | \top | † | H | + | |
| 719 Intake | Special Needs - Wheelchair | | | Screens | D | ١. | * Yes/No | Basic Demographics | | Client Detail - Demo. | | + | | 4 | + | H | 4 | 0 |
| 720 Intake | Special Needs - Mobility | | | Screens | D | | * Yes/No | Basic Demographics | | Client Detail - Demo. | | | | | | | | o |
| 721 Intake 722 Intake | Source of Income Begin Date Source of Income End Date | | | Reports Reports | D D | - 1 | Mm/dd/yyyy Mm/dd/yyyy | | | | | + | \perp | 4 | + | Н | + | Modified compliance reports Modified compliance reports |
| 722 IIIIake | Will income change in next 12 | | | Kepons | - | -1" | wiii/dd/yyyy | | | | + | + | | + | $^{+}$ | H | + | o iviodified compliance reports |
| 723 Intake | months? | | | Reports | D | - | * Yes/No | | | | + | 4 | \sqcup | Y | + | Н | + | CADR Page 17 are assumed to be services |
| 724 Intake | Insurance Deductible | | | Reports | D | 9 | \$Nnnn.nn | | | | | Y | | | | | | 1 totals |
| 725 Intake | | | | | _ | | \$Nnn.nn | | | | | | | | Т | | | CADR Page 17 are assumed to be services |
| 726 Intake | Insurance Copayment Immunizations Offered | | | Reports | D | | *No, Not medically indicated * Not documented in the medical record/unknown * Yes * Client refused therapy | | | | | | | | | | | 1 (Utais |
| 727 Intake | Other TB Test Date | | | Reports Screens, Reports | Ď | 1 | Mm/dd/yyyy | Medical History | | Client Detail - Medical | Υ | | | 1 | 1 | | 1 | Ö |
| 728 Intake | Other TB Test Result | | | Screens, Reports | D | | * Yes/No * Factor VIII (Hemophilia A) | Medical History | - | Client Detail - Medical | Υ | Ŧ | H | Ŧ | F | H | Ŧ | 0 |
| 729 Intake | HIV Exposure Category - Coagulation Disorder Detail HIV Exposure Category - | | | Reports | D | | * Factor IX (Hemophilia B) * Other Disorder (specify) | | | | | Y | | | - | | | 1 |
| 730 Intake | Coagulation Disorder Detail Other | | | Reports | | | Toyt | | | | | | | | | | | |
| r ou make | HIV Exposure Category - | | | Reports | V | + | Text | | | | + | T' | + | + | $^{+}$ | H | + | † † |
| | i= 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | I | Reports | D | - In | Mm/dd/yyyy | | | | | Y | | | | | | 1 |
| 731 Intake | Transfusion, date of first | | † | | | \rightarrow | | | 1 | | | | | | 1 | | - | |
| 731 Intake 732 Intake | Transfusion, date of first HIV Exposure Category - Transfusion, date of last | | | Reports | D | - 1 | | | | | | 1 | | | | | | 1 |
| | HIV Exposure Category - | | | | D | - 1 | Mm/dd/yyyy | | | | | - | | | | H | | 1 |

| ## E ARIES Function | n Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Changed 03/01/04 | r Yes | Screen Collected | Screen Collected Page Number | d Screen Displayed | 05/27/03 SprdSht | CADR | EIP | CMP | CARE/HIPP MCWP | CARE SVC RPT | Programmatic WICY | In Compliance Rpts | Comments |
|----------------------|--|---------------------|----------------------|--|-------------------|--|---|------------------------------|---------------------------------------|--------------------------|------------------|--------------|---------|---------|-------------------|----------------|----------------------|--------------------|--|
| 734 Intake | Dementia | | | Reports | D | | * No * Unknown | | | | YY | | | Υ | \perp | | | 1 | |
| | Willingness to use Health | | | | | | * Yes * No * Not applicable | | | | | | | | | | | | |
| 735 EIP | Insurance for EIP Services RN Case Manager Telephone | | | Reports | D | | * Unknown | | | | YY | Ħ | + | | \pm | + | + | 1 | |
| 736 MCWP | Number Did client miss ART meds in last | | | Unresolved | D | | Nnn-nnn-nnnn | | | | Y | Н | + | + | + | + | + | 0 | by staff contact info |
| 737 CMP Program | day? Did client miss ART meds the | | | Screens | D | | * Yes/No | CMP | | Client Detail - Programs | \vdash | + | + | + | + | + | + | 0 | |
| 738 CMP Program | day before? Did client miss other meds in last | | | Screens | D. | _ | * Yes/No | CMP | | Client Detail - Programs | - | + | + | + | + | \vdash | + | 0 | Move to Meds screen and use similar to |
| 739 CMP Program | day? | | | Screens | D | | * Yes/No | CMP | | Client Detail - Programs | Ш | Ш | 4 | \perp | 4 | Ш | 4 | 0 | adherance question |
| 740 CMP Program | Did client miss other meds the day before? | | | Screens | D | | * Yes/No | CMP | | Client Detail - Programs | | | | | L | | | | Move to meds "as of date" |
| 741 TMP | Viral Load Provider Resistance Test Submitting | | | Reports | D. | - | | | | | Y | ++ | + | + | + | + | + | 0 | per IM 63 |
| 742 TMP | Physician Resistance Test Submitting | | | Screens | D | | | New TMP | | Client Detail - Programs | - | \mathbb{H} | + | + | + | + | + | 0 | |
| 743 TMP | Physician Email | | | Screens | D | | | New TMP | | Client Detail - Programs | 1 | Н | 4 | | \perp | Ш | _ | 0 | |
| 744 CARE/HIPP | Insurance Payee Telephone Number | | | Reports | D | | Nnn-nnn-nnnn | | | | | Ш | \perp | \perp | Y | Ш | 4 | 1 | |
| 745 CARE/HIPP | Insurance Payee Premium Due On | | | Reports | D | | Text | | | | | | | | Υ | | | 1 | |
| 746 CARE/HIPP | Insurance Payee Premium Grace Period Ends | | | Reports | D | | Text | | | | | П | | | Y | | | 1 | |
| 747 MCWP | AYD Provider Number | | | | D | | Text | MCWP | | Client Detail - Programs | | П | \top | | | П | | | Per IM 174 |
| | | | | | | | | | | | | Ħ | + | | + | \forall | _ | | |
| 748 MCWP | Pediatric Acuity Funding Source/Grantee ID | | | Screens, Reports | | | Nnnn | MCWP | | Client Detail - Programs | 1 1 | Н | + | | + | + | + | 0 | Per IM 177 |
| 417 Contract Set-Up | Number | | | Screens, Reports | D (| С | Nnnnn | Agency Contracts | 124 | Agency Detail | YY | Y | YY | Y | YY | Υ ' | YY | 9 | This was Positive/Negative in Form, but could |
| 190 Intake | AIDS Diagnosis | | | Reports | D (| C_ | * Positive * Negative | Basic Medical | 52 | Client Detail - Medical | YY | | + | | + | + | + | 0 | be implicit from diagnosis date; deleted per issue 474 Per IM 134 +X920Test associated with client record is confidential. Tests associated with |
| 195 Intake | HIV Test Type Is primary care provider OB/GYN | | | Reports | D (| С | * Confidential * Anonymous | Basic Medical | 52 | Client Detail - Medical | Υ | Υ | 1 | | \perp | Ш | _ | 1 | *Anonymous* client are anonymous; deleted per issue 474 Compare Primary Care and OB/GYN |
| 177 Intake | practitioner? | | | Reports | D (| С | * Yes/No | | 52 | | Υ | | Y | | 4 | Ш | | 1 | practitioner. |
| 673 NMS Document | Minority Groups Majority of Professional Staff (Y/N/NA) | | | Screens, Reports | D (| С | | Agency General Info | 120 | Agency Detail | YY | Ш | \perp | | \perp | | | 0 | Deleted per IM 483 |
| 455 Agency | Median Area Income | | | Screens, Reports | D (| С | \$Nnnn | Agency General Info | 120 | Agency Detail | Υ | | Y | , | L | | | 1 | |
| 418 CADR | Grantee of Record Taxpayer ID Number | | | Screens, Reports | D 0 | С | Nn-nnnnnn | Grantee Edit | 120A | CADR | Y | Y | | | | | | 1 | |
| 419 CADR 420 CADR | Name of Grantee of record Grantee contact email address | | | Screens, Reports Screens, Reports Screens, Reports | D (| C | Text | Grantee Edit Grantee Edit | | CADR CADR | Y | Y | 4 | | Ŧ | \blacksquare | - | 1 | |
| 421 CADR | Name of grantee rep responsible for QA | | | | 1 1 | | | | | CADR | | | \top | | T | П | | T, | |
| | | | | Screens, Reports | | | | Grantee Edit | 120A | | Y | T T | + | | + | + | + | 1 | |
| 446 Agency | Total Paid HIV Staff in FTE | | | Screens, Reports | D (| <u>C</u> | Nnn.nn | Agency General Info | 120 | Agency Detail | YY | Y | + | | + | + | + | 1 | This is funded by CARE |
| 447 Agency | Total Volunteer HIV Staff in FTE | | | Screens, Reports | D (| <u>C</u> | Nnn.nn | Agency General Info | 120 | Agency Detail | YY | Υ | + | + | + | + | + | 1 | Per IM 111 |
| | | | | | | | Hospital or university-based clinic Publicly funded community health center Publicly funded community mental health center Other community-based service organization Health department Substance abuse treatment center Sologroup private medical practice Agency reporting for multiple fee-for-service providers PLWHA coalition | | | | | | | | | | | | |
| 440 4 | Descrides Toma | | | | | _ | * VA facility | A Cr | 400 | A Day - " | | | | | | | | | Changed list option to coincide with CADR 1- |
| 448 Agency | Provider Type | | | Screens, Reports | ν. (| <u>. </u> | * Other facility * Public/Federal | Agency General Info | 120 | Agency Detail | Y Y | Y | + | + | + | \forall | + | +1 | 03 |
| | | | | | | | Public/State Public/Local Private non-profit (non faith-based) Private for-profit Unincorporated Faith-based organization | | | | | | | | | | | | |
| 449 Agency | Ownership Status | | | Screens, Reports | D (| С | * Other * 01 All Eligible Clients | Agency General Info | 120 | Agency Detail | YY | Y | + | + | + | + | + | 1 | |
| 653 CADR | Reporting Scope | | | Screens, Reports | D (| C_ | * 02 Only Funded Clients | CADR 1 | 127 | CADR | Y | Υ | + | | + | + | + | 1 | |
| 656 CADR | Did you administer an AIDS Drug Assistance Program (ADAP) or local pharmaceutical assistance program that provides HIV/AIDS medication to clients during this reporting period? | | | Reports | D (| С | * Yes/No | CADR 1 | | CADR | Y | Y | | | | | | 1 | |

| | | | | | | nge 04 | 3 | | | | | ž | T | | | | Π | | Ruts | |
|--------|---|---|---------------------|----------------------|-------------------|-------------------|---------------|---|----------------------|---------------------------------------|---------------------|------------------|------|---------|----------|-----------|-----------|------------------------------|-----------------------|------------------------|
| Item # | RIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | changed 03/01 | | Screen Collected | Screen Collected Page Number | Screen Displayed | 05/27/03 SprdSht | CADR | EIP GRO | НОРМА | CARE/HIPP | MCWP | CARE SVC RPT Programmatic | WICY In Compliance | Comments |
| | | | | | | | | * local pharmaceutical assistance program that provides HIV/AIDS | | | | | | | | | | | | |
| 657 | | Drug Assistance Program administered by Agency | | | Screens, Reports | D C | ľ | medication to clients * None | CADR 1 | 127 | CADR | v l | V | | | | | | | 1 |
| 057 | | Did you provide a Health Insurance Program (HIP) during | | | остеена, геропа | | Ť | None | CABICT | 121 | OABIC | Ħ | ľ | t | Ħ | | Ħ | T | Ť | |
| 658 | ADR | this reporting period? | | | Screens, Reports | D C | | * Yes/No | CADR 1 | 127 | CADR | | Υ | 1 | | | Ш | | \perp | 1 |
| | | | | | | | 5 | Migrant or seasonal farm workers Rural populations other than migrant or seasonal farm workers Women Children Racial/ethnic minorities/communities of color Homeless Gay, lesbian, and bisexual youth Gay, lesbian, and bisexual adults | | | | | | | | | | | | |
| 670 (| ADD | Colorado Tarret Barrelativa | | | Samuel Barrets | D 6 | | Incarcerated persons All adolescents Runaway or street youth Injection druusers Non-injection druusers Parolees | CADR 1 | 127 | CADD | | | | | | | | | 4 Channel Falantina |
| | | Outreach Target Population: Outreach Target Population: | | | Screens, Reports | | - | | | | | $^{++}$ | IY. | t | \Box | | H | + | + | 1 Changed list options |
| 671 | | Other detail Support Services provided to | | | Screens, Reports | | | | CADR 1 | | CADR | H | Y | | | | \dagger | | | 1 |
| 669B | ADR | grantees: Planning or evaluation Support Services provided to | | | Screens, Reports | D C | | * Yes/No | CADR 1 | 127 | CADR | + | Y | + | H | + | H | + | + | 1 |
| 669C | ADR | grantees: Administrative or technical support | | | Screens, Reports | D C | | * Yes/No | CADR 1 | 127 | CADR | | Y | | | | | | | 1 |
| 669D (| | Support Services provided to grantees: Fiscal intermediary services | | | Screens, Reports | | T | | CADR 1 | | CADR | | V | | | | | | | 1 |
| 0000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Support Services provided to | | | Corcono, respons | | 1 | 100/10 | O'LENT ! | 121 | O/LDIT | П | Ť | t | П | | П | П | Ť | |
| 669E | ADR | grantees: Technical assistance | | | Screens, Reports | D C | - | * Yes/No | CADR 1 | 127 | CADR | H | Υ | - | | | Н | | + | 1 |
| 669F | ADR | Support Services provided to grantees: Capacity development | | | Screens, Reports | D C | | * Yes/No | CADR 1 | 127 | CADR | | Υ | | | | Ш | | | 1 |
| 669G | | Support Services provided to grantees: Quality management Racial/ethnic minorities make up | | | Screens, Reports | | | | CADR 1 | 127 | CADR | | Υ | | | | Н | | 1 | 1 |
| 450 | gency | more than 50% of board members | | | Screens, Reports | n c | | * Ves/No | Agency General Info | 120 | Agency Detail | Y | , , | | | | | | ı | 1 |
| 4307 | gency | Racial/ethnic minorities make up | | | Octobris, Neports | | | 163/10 | Agency Ceneral IIIIO | 120 | Agency Detail | İ | Τ | T | П | | П | | T | 1 |
| 451 | gency | more than 50% of professional staff in HIV services | | | Screens, Reports | D C | | * Yes/No | Agency General Info | 120 | Agency Detail | , | ΥY | | | | Ш | | 1 | 1 |
| | | Private medical clinic with more than 50% of clinicians members | | | | | ł | | | | | | | | | | | | l | |
| 452 | gency | of racial/ethnic minority groups Other traditional provider with | | | Screens, Reports | D C | + | * Yes/No | Agency General Info | 120 | Agency Detail | ₩ | Y | + | \vdash | - | \vdash | - | + | 1 |
| 453 | gency | more than 50% of clients members of racial/ethnic minority groups | | | Screens, Reports | D C | | * Yes/No | Agency General Info | 120 | Agency Detail | | V | | | | | | | |
| | | Other type of agency or facility | | | Screens, Reports | | Т | | Agency General Info | | Agency Detail | Ħ | | T | П | | П | П | T | 1 |
| 4347 | | During the current reporting period, were services available through your Early Intervention | | | Screens, Reports | D C | | Tes/NO | Agency General IIII | 120 | Agency Detail | | ľ | | | | | | | |
| 666 | | Services (EIS) program provided at more than one site? | | | Screens, Reports | D C | | * Yes/No | CADR 2 | 128 | CADR | Υ | Υ | | Ш | | Ш | | 1 | 1 |
| 667 | | Number of sites at which EIS services were provided during this reporting period | | | Screens, Reports | D C | | Nnnn | CADR 2 | 128 | CADR | | Y | | 1 | | | | l | 1 |
| 668 (| | How many unduplicated patients who are HIV positive were referred outside the EIS program for any health services that was not available within the EIS Program during this reporting period? | | | Screens, Reports | | | Nnnn | CADR 2 | | CADR | | Y | | | | | | | 1 |
| | | Service to HIV+: Ambulatory/outpatient medical | | | | | : | * Yes, within the EIS program * Yes, through referral | | | | Ħ | Ė | | | | | | | |
| 667B | AUR | care | | | Screens, Reports | ם וכ | : | * No * Yes, within the EIS program * Yes, through referral | CADR 2 | 128 | CADR | $\dagger\dagger$ | TY. | t | H | + | H | + | \dagger | 1 |
| 667C | ADR | Service to HIV+: Dermatology | | | Screens, Reports | D C | | * No * Yes, within the EIS program | CADR 2 | 128 | CADR | \vdash | Y | + | Н | - | \sqcup | + | \perp | 1 |
| 667D (| ADR | Service to HIV+: Dispensing of pharmaceuticals | | | Screens, Reports | D C | | * Yes, through referral * No | CADR 2 | 128 | CADR | Ц | Υ | | | | | | | 1 |
| 667E | ADR | Service to HIV+: Gastroenterology | | | Screens, Reports | D C | - | * Yes, within the EIS program * Yes, through referral * No | CADR 2 | 128 | CADR | | Y | | | | | | | 1 |
| 667F | ADR | Service to HIV+: Mental health services | | | Screens, Reports | | | * Yes, within the EIS program * Yes, through referral * No | CADR 2 | 128 | CADR | LT | Υ | | | | \prod | | | 1 |

| Item # | ARIES Function | Data Element | Database Table Name | Database Column Name | Field Status | Add/Delete/Change | Changed 03/01/04 | Answer Options * Yes, within the EIS program | Screen Collected | Screer Collecte Page Numbe | ed | Screen Displayed | 05/27/03 SprdSht | CADR CADR | EIP | CMP | CARE/HIPP MCWP | CARE SVC RPT | Programmatic WICY | In Compliance Rpts | Comments |
|-----------|----------------|--|---------------------|----------------------|------------------|-------------------|------------------|--|---------------------|-------------------------------------|-------|------------------------|------------------|----------------|----------|----------------|-------------------|----------------|----------------------|--------------------|---|
| 667G | CADB | Service to HIV+: Neurology | | | Screens, Reports | | . : | * Yes, through referral | CADR 2 | 128 | CAI | np. | | | | | | | | | |
| 0070 | CADR | | | | Screens, Reports | 1 | 1 | Yes, within the EIS program | CADR 2 | 120 | CA | DK | | ╁ | \vdash | + | + | \forall | + | H | |
| 667H | CADR | Service to HIV+: Nutritional counseling | | | Screens, Reports | D C | : | * Yes, through referral * No | CADR 2 | 128 | CAI | DR | | Υ | | | \perp | Ш | | 1 | |
| | | Service to HIV+: | | | | | | * Yes, within the EIS program * Yes, through referral | | | | | | | ı | | | | | | |
| 6671 | CADR | Obstetrics/gynecology | | | Screens, Reports | D C | - | * No * Yes, within the EIS program | CADR 2 | 128 | CAI | DR | | Y | \vdash | + | + | + | + | 1 | |
| 667J | CADR | Service to HIV+: Optometry/ophthalmology | | | Screens, Reports | D C | : : | * Yes, through referral * No | CADR 2 | 128 | CAI | DR | | Y | ı | | | | | 1 | |
| | | | | | | | | * Yes, within the EIS program * Yes, through referral | | | | | | | П | | | П | | | |
| 667K | CADR | Service to HIV+: Oral health care | | | Screens, Reports | D C | : : | * No * Yes, within the EIS program | CADR 2 | 128 | CA | DR | | Υ | \vdash | + | + | + | - | 1 | |
| 667L | CADB | Service to HIV+: Rehabilitation services | | | Screens, Reports | | | * Yes, through referral | CADR 2 | 128 | CAI | D.D. | | | 1 | | | | | | |
| 007L | CADR | | | | Screens, Reports | 1 | 1 | Yes, within the EIS program | CADA 2 | 120 | CA | DK | | ┧ | 一 | + | + | \forall | + | Π | |
| 667M | CADR | Service to HIV+: Substance abuse services | | | Screens, Reports | D C | : | * Yes, through referral * No | CADR 2 | 128 | CAI | DR | | Υ | Ш | | \perp | Ш | | 1 | |
| | | | | | | | ŀ | * Yes, within the EIS program * Yes, through referral | | İ | | | | | Ш | | | | | | |
| 667N | CADR | Service to HIV+: Other services | | | Screens, Reports | D C | 1 | * No * Yes, within the EIS program | CADR 2 | 128 | CAI | DR | + | Y | \dashv | + | + | + | + | 1 | |
| 667O | CADR | Service to HIV+: Not applicable | | | Screens, Reports | D C | : | * Yes, through referral * No | CADR 2 | 128 | CAI | DR | | Y | | | | | | 1 | |
| | | | | | | Ħ | Π. | * Less than 5 days * 5-10 days | | | | | | Ė | П | T | | Ħ | | | |
| | | Average Application Processing | | | | | - 1* | * 11-30 days * 31-60 days | | | | | | | 1 | | | | | | |
| 652 | CADR | Period for ADAP | | | Screens, Reports | D C | : • | More than 60 days | CADR 3 | 129 | CA | DR | Y | Υ | \perp | | \perp | Ш | | 1 | |
| | | | | | | | | * Quarterly * Semi-annually | | | | | | | 1 | | | | | | |
| | | Frequency of Recertification for | | | | | ŀ | * Annually * Other | | | | | | | ı | | | | | | |
| 655 | CADR | ADAP | | | Screens, Reports | D C | 1 | * Not applicable * CD4 lymphocyte count | CADR 3 | 129 | CAI | DR | Y | Y | + | + | + | + | + | 1 | |
| 669 | CADR | Medical Eligibility for ADAP | | | Screens, Reports | D C | ١. | * HIV Positive * Other | CADR 3 | 129 | CAI | DR. | | _v | ı | | | | | | |
| | | | | | Screens, Reports | 1 1 | | 04101 | | | | | YY | , , | | (Y) | , , | , | YY | | each subservice tied to one partner secondary |
| | | Agency Category Subservice Does the individual need | | | | | T | | Agency Subservices | 126 | | ency Detail | Y Y | . Y | T | Y 1 | 1 | 1 | YY | 8 | service |
| | | childcare? Source of Income - Other 3 | | | Screens, Reports | | П | | Appointment | 5 | | ointment | Y | \mathbb{H} | \vdash | + | + | + | + | 0 | |
| | | Detail | | | Screens, Reports | | | Text | Financial | 26 | | ent Detail - Financial | | + | \vdash | ++' | + | ++ | - | H | broke list option into individual rows |
| 250 | intake | PAP Smear/Pelvic Did you receive funding under | | | Screens, Reports | D C | Η. | * Yes/No/Unknown | Ob/Gyn & Pregnancy | 56 | Clie | ent Detail - Medical | YY | Y | \vdash | Y | + | + | + | 2 | |
| 654 | CADR | sec. 330 during the reporting period? | | | Screens, Reports | D C | : : | * Yes * Don't Know | Agency Contracts | 124 | CAI | DR | Υ | Y | ı | | | | | 1 | per IM 144 |
| | | Was HIV Counseling and testing | | | | | | | | | | | | | 1 | | | П | | | |
| 659 | CADR | provided as part of your program during this reporting period? | | | Reports | D C | ١. | * Yes/No | | | CAI | DR. | | _v | ı | | | | | 1 | Derived from data in C&T Medical screen. |
| 000 | OADIC | during this reporting period: | | | Itepoits | | # | 163/10 | | | - OA | | | İ | Ħ | | # | H | | | Served from data in Od Fwiedical screen. |
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